

Hire: _____
StartDate: _____
Supervisor: _____



The following forms must be completed and submitted to HR **prior** to any employee's first day of work:

- ☐ Offer Letter (Provided by Corporate)
- ☐ Job Description (Available on Intranet)
- ☐ Application and (if provided) Resume*
- ☐ I-9 Verification Form w/copied documents*
- ☐ Pre-Employment Screening Authorization*
- ☐ Personnel Action Form***
- ☐ Proof of Auto Insurance Coverage/License (if auto required for job duties)
- ☐ Acceptance of Guidelines
- ☐ Deductions from Paychecks/Internet Policy
- ☐ Company Drug Policy
- ☐ Company Property Form (if applicable)
- ☐ Employee Acknowledgement of Employment Status (if hired as Part Time)
- ☐ Direct Deposit Enrollment Form w/copy of voided check
- ☐ Form W-4
- ☐ Form L-4
- ☐ EEOC Self Identification Form
- ☐ Post Offer/Pre Hire Medical Questionnaire
- ☐ Check Professional References

The following forms must be delivered to new employee:

- ☐ Employee Handbook
- ☐ Fair Credit Reporting Act Disclosure

All of the above forms are required immediately for each employee.

Additional forms and dates needed are as follows:

- ☐ BCBS and HSA Applications (ASAP for managers; w/in 30 days all others)
- ☐ Dental Insurance Application (w/in 30 days of hire regardless of election)

*Required prior to commencement of background check.

**Required prior to preparation of offer letter for all client property-based employees.

***Required prior to preparation of offer letter for all employees.

APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws.

Position(s) Applied for		Date of Application	
Print Name (Last, First, & Middle)			
Street Address		City	State
Main Phone Number	Alternate Phone Number	Email	

EMPLOYMENT EXPERIENCE

Name of Employer		May we contact?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Dates Employed (Month/Year)	
		From	To
Job Title and Duties		Reason for Leaving	
Name of Employer		May we contact?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Dates Employed (Month/Year)	
		From	To
Job Title and Duties		Reason for Leaving	
Name of Employer		May we contact?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Dates Employed (Month/Year)	
		From	To
Job Title and Duties		Reason for Leaving	

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

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EDUCATION

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area of Study/Major	Specialized Training, Skills, or Extra- Curricular Activities
High School					
College/ University					
Trade School					
Other					

REFERENCES

Please list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number or Email

GENERAL INFORMATION

- Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record?.....☐ Yes ☐ No
- Have you been convicted of a felony criminal offence, other than minor traffic violation? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.)☐ Yes ☐ No
- Have you ever worked for this company before?.....☐ Yes ☐ No
- Do you have friends and/or relatives working for this company?.....☐ Yes ☐ No
 - If yes, name(s) and relationship(s): _____
- On what date are you available to begin work? _____
- Are you available to work? ☐ Full-time ☐ Part-time ☐ Shift Work ☐ Temporary
- Desired Pay:.....Per Hour \$_____ Per Month \$_____
- If hired, would you have a reliable means of transportation to and from work?.....☐ Yes ☐ No
- Can you travel if the position requires it?.....☐ Yes ☐ No
- If hired, can you present evidence of your identity and legal right to work in this country?.....☐ Yes ☐ No
- Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?.....☐ Yes ☐ No
 - Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

APPLICANT STATEMENT AND AGREEMENT

I understand that the employer follows an employment-at-will policy, in that the employer or I may terminate my employment any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered the job.

I understand that the company will thoroughly investigate my work and personal history and verify all data given on the application, on related papers, and in interviews. I authorize all individuals, schools and firms named within to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature: _____

APPLICANTS PLEASE DO NOT WRITE BELOW THIS LINE

Interviewed by: _____

Starting Date _____ Starting Pay Rate _____ Position Title _____



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		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			
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

NOTICE AND AUTHORIZATION OF USE OF CONSUMER REPORTS FOR EMPLOYMENT PURPOSES



As a condition of employment with Property One, Inc., a consumer report and/or investigative consumer report may be obtained for employment purposes when evaluating my eligibility for employment, promotion, reassignment, and/or retention.

I hereby authorize Property One, Inc. to obtain a consumer report and/or investigative consumer report on myself for the purpose of evaluating my eligibility for employment, promotion, reassignment, and/or retention with Property One, Inc.

I understand that such reports may include information bearing upon my credit worthiness, credit standing, character, general reputation, personal characteristics, and/or mode of living. I further acknowledge that such information may be obtained through personal interviews with any person who has knowledge of such information.

I understand that I have the right to request the complete and accurate disclosure of the nature and scope of any investigative consumer report performed, and hereby acknowledge receipt of the federal trade commission's summary of consumer rights enclosed herein.

I authorize and request every person, firm, company, corporation, governmental agency, court, college university, school district, or other education institution, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party compiling information for the purpose indicated herein.

Date:	_____	Applicant Signature:	_____
Printed Name:	_____	Social Security No:	_____
Address:	_____	Date of Birth:	_____
City/State/Zip:	_____	Phone:	_____
Email Address:	_____	DL#/State of Issue:	_____

**PROPERTY ONE COMPANIES
PERSONNEL ACTION FORM**

TYPE OF ACTION ☐ New Hire ☐ Change **EFFECTIVE DATE** _____

PERSONAL INFORMATION

Employee Name: _____
First Middle Last

Home Address: _____
Street No. City State Zip

Home Phone (____) _____ **Cell Phone** (____) _____

Date of Birth: _____ **SS #:** _____ **Gender:** ☐ M ☐ F

☐ Single Rate
Tax Status: Fed - ☐ Married **#Exemptions:** _____ State - **#Exemptions:** _____

SALARY INFORMATION

Current Pay Rate \$ _____ ☐ per hour ☐ per pay period **New Pay Rate \$** _____ ☐ per hour ☐ per pay period

Reason for Change: ☐ Merit Increase _____ % ☐ Promotion ☐ Other _____

POSITION INFORMATION

Current

Position Title: _____

Property: _____

Supervisor: _____

Office Phone: (____) _____ ☐ Exempt

Status: ☐ FT **FLSA Code:** ☐ Non-Exempt
☐ PT hours/wk: _____

Cost Allocations: Cost Center _____ - _____ %
Cost Center _____ - _____ %
Cost Center _____ - _____ %

New

Position Title: _____

Property: _____

Supervisor: _____

Office Phone: (____) _____ ☐ Exempt

Status: ☐ FT **FLSA Code:** ☐ Non-Exempt
☐ PT hours/wk: _____

Cost Allocations: Cost Center _____ - _____ %
Cost Center _____ - _____ %
Cost Center _____ - _____ %

LEAVE OF ABSENCE

Starting Date: _____ **Return To Work Date:** _____ **Leave Reason:** _____

SEPARATION

Last Day Worked: _____ ☐ Voluntary Resignation ☐ Discharge ☐ Layoff ☐ Other _____

COMMENTS: _____

SIGNATURES

Property Manager

Date

Human Resources

Date

Acceptance of Guidelines



To: Employee File

Subj: Acceptance of Employee Guidelines

In consideration of my employment, I agree to the rules and regulations of the Company, found in the Guidelines, as well as any other rules that may be written and distributed to me from time to time, posted on company property, or otherwise explained to me. I further understand that these policies are for informational and reference purposes only and are not intended to create, nor are they to be construed to constitute a contract of employment or to create any other contractual rights, expressed or implied. I understand that I, as well as all employees, have an at-will status and can be terminated at any time for any reason, with or without cause. It is also my understanding that no person associated with the Company has authority or power to enter into contract of employment. It is also my understanding that the Company reserves the right to modify, change, disregard, suspend or cancel at any time, without written or verbal notice to me, all or any port of the Guidelines' contents as circumstances may require.

By my signature, I certify that I understand the described policies and acknowledge that infraction of the policies, disregarding or refusal to abide by the policies, may result in discipline, up to and including termination.

Name (Print)

Signature

Date

Deductions from Paychecks

I authorize Property One, Inc. to deduct from my paycheck, the value of any purchases, supplies, materials, services or other goods that have been obtained through the Company for my benefit, if I have not repaid the Company in full for such items the earlier of 30 days from the date that I incurred the expense or on my final paycheck.



Signature of Employee _____ Date _____

Name of Employee _____

Internet/Electronic Mail Policy

Property One, Inc. provides computers to perform many of the tasks associated with its business. E-mail and access to the internet are available through many of our computers.

It is important to remember that these services are provided to assist you in performing your job, and not for personal activities.

Access to the internet is for work purposes only. Employees who access the internet for personal use are subject to discipline up to and including discharge.

E-mail messages also should only relate to Company business. Remember that email is not private, and that a communication through e-mail may be accessed by individuals other than the person to whom it is sent.

The Company reserves the right to monitor computer use, including use of e-mail and the internet.

Signature of Employee _____ Date _____

Name of Employee _____



PROPERTY ONE

COMPANY DRUG, ALCOHOL, AND SUBSTANCE ABUSE POLICY AND PROGRAM

I. PURPOSE

Property One, Inc. (here in after referred to as the "company") believes substance abuse to be a serious threat to the abusing employee, the Company's staff, the public and, more importantly, the Company's customers and guests. The company values its customers, guests and employees and recognizes the need for a safe and healthy work environment. Furthermore, the company recognizes the problem of drug, alcohol and substance abuse in our society and is aware that employees using drugs, alcohol or other substances are less productive and are often a risk to the safety, security and welfare of the company, its employees, its customers and others.

Therefore, the company is introducing a workplace drug and alcohol treating policy to ensure that the company will have a drug and alcohol-free environment.

II. COMPANY

It is the policy of the company to maintain a workplace and workforce free of drugs, alcohol and other such substances. The presence of illegal drugs, alcohol or other such substances in one's system, on one's person, on company premises, while conducting company business or while operating company vehicles, machinery or equipment is prohibited by this policy. Compliance with the policies and guidelines set forth herein below is a condition of beginning and continues employment with the company. It supersedes any other company policy or practice on this subject. At any time, the company may, at its sole discretion, amend, supplement, modify, or change any part of this policy without any prior notice whatsoever.

The policy does not represent or express an implied contract, and it does not affect an employee's status as an at-will employee under Louisiana law. If you have any questions about the policy, please immediately direct them to the company administrator and/or his or her representatives. The following policies, programs and guidelines with regard to the use, abuse, possession, presence of and sale of illegal drugs, alcohol or other such substances shall become effective as of midnight, February 19, 2007.

III. DEFINITIONS

For purposes of the company's drug and alcohol testing program policies and guidelines (hereinafter referred to as the "program"), the following definitions are applicable:

1.) "Company Premises" encompasses company affiliates and subsidiaries and all their properties, offices, parking lots, facilities, lands, platforms, buildings, structures, fixtures, installations, boats, aircrafts, automobiles, trucks, and all other vehicles, machinery, and other equipment, whether owned, leased or used.

2.) "Company Business" shall encompass employees whenever on duty and under the company's control, whether at other work sites or during transit to and from work sites or while in the course and scope of the company's employment or pay status.

3.) "Employees" shall include all full-time, part-time, casual or contract employees and all employment applicants and candidates as well.

4.) "Illegal drugs, Alcohol, or other such substances" includes illegal drugs, unauthorized controlled

substances, look-a-likes, inhalants of abuse, designer and synthetic drugs and shall include any drug which is not legally obtainable or which is legally obtainable but has not been legally obtained or used. The term includes prescribed drugs not legally obtained and prescribed drugs not being used for prescribed purposes or in excessive dosages. The terms included, but are not limited to, central nervous systems stimulants such as cocaine and amphetamines; hallucinogens; PCP or phencyclidine; narcotics analgesics as found in opiates or opium (like morphine and codeine) and opium derivatives (heroin); inhalants from volatile solvents like glue, paint, gasoline, or from aerosols like hair sprays, deodorants, insecticide or from anesthetic gases like Ether, chloroform or amyl nitrate; cannabinoids; cannabis such as found in marijuana, hashish or hash oil; propoxyphene (Darvon); barbiturates; methadone; and benzodiazepines (Valium).

IV. PROHIBITION OF ILLEGAL DRUGS, ALCOHOL OR OTHER SUCH SUBSTANCES

At any time while an employee is on company premises or on company business, the following activities are strictly prohibited:

- 1.) The use of or abuse of any illegal drug, alcohol or other such substances.
- 2.) The possession, transport, transfer or purchase of illegal drugs, alcohol or other such substances.
- 3.) The presence in the body, presence on one's person or reporting to work under the influence of illegal drugs, alcohol or other such substances.
- 4.) The sale or marketing of illegal drugs, alcohol or other such substances or other drug related paraphernalia.
- 5.) The use, abuse, presence in one's system or possession of illegal drugs, alcohol or other such substance while utilizing, operating or in control or possession of company property, including company owned, leased or rented equipment and/or vehicles.
- 6.) Using, Consuming, transporting, distributing or attempting to distribute, manufacture, or dispense illegal drugs, alcohol and other such substances.

Any employee involved in any of the foregoing activities at any time during a work shift or while working for, on behalf of, or while representing the company, whether or not on company business, company premises or property is in violation of the program and the employee is subject to disciplinary action, including, without limitation, (1) notification of the appropriate law enforcement, regulatory or licensing agencies and (2) denial suspension or termination of workers' compensation benefits and unemployment compensation benefits may be taken against any employee who violates these policies, mandates and prohibitions.

The program equally applies to all employees. Compliance with these policies mandates and prohibitions will be required as condition of employment for all employees. There shall be no exceptions.

V. UNAUTHORIZED USE OF INTOXICATING BEVERAGES

An employee whose blood alcohol level is over 0.04% (40 MG/DL blood) while on company premises, during working hours, or while conducting company business is in violation of this company policy and subject to immediate discharge or termination.

VI. PRESCRIPTION DRUGS (LEGALLY CONTROLLED SUBSTANCES AND ALL OFF-THE-SHELF OVER-THE-COUNTER MEDICINES)

All employees must report the use of any medically prescribed or authorized drugs or substances (including over-the-counter or off-the-shelf medication) which can impair or lessen job performance (whether allowed to be dispensed with or without prescription) to their immediate supervisor and upon request by the employee's supervisor or the company's drug policy administrator, must provide proper written medical authorization to the company from a physician. This includes, without limitation, drugs such as tranquilizers, muscle relaxers, pain medication and anti-depressants. It is the employee's responsibility to determine from a physician(s) whether prescribed, off-the-shelf or over-the-counter drugs, medicines or other such substances may impair job performance. Failure to report the use of such drugs, medicines or other substances, failure to provide proper evidence of medical authorization or the use (as evidenced by presence in an employee's body fluids or otherwise) of such drugs, medicines or other such substances in amounts in excess of the amounts recommended for over-the-counter or off-the-shelf drugs, medicines or other such substances may result in

disciplinary actions, up to, and including, immediate termination.

Employees must not consume prescribed drugs, off-the-shelf, or over-the-counter drugs, medicines or other such substances more often than prescribed by their doctor or as directed on the off-the-shelf or over-the-counter medication label(s). All prescribed, off-the-shelf, over-the-counter medication must be in its original container with the employee's name, the doctor's name, and prescription number on the label and each prescription must not be older than one year of the date issued. However, the company at any time reserves the right to have a licensed physician determine whether the prescription drug use increases the risk of injury to the employee, the company's residents or guests while employee is working. If such a finding is made, the company may limit, suspend or terminate the employee's work activities during the period job safety may be adversely affected by the consumption of such medication.

Any employee refusing to cooperate with submitting to questioning, medical, or physical testing or examinations, when requested by the company or its designee, is in violation of this company policy and subject to disciplinary action, including, but not limited to, immediate termination.

VII. DRUG AND ALCOHOL TESTING PROCEDURES

In order to achieve the objectives of this policy, the company asserts and reserves its legal right to test any and all employees for the presence of illegal drugs, alcohol or other such substances in their system or for the use or abuse of illegal drugs, alcohol, or other such substances. Employees may be asked to submit to a medical examination and/or to submit urine, saliva, and breath and blood samples for testing for the presence of illegal drugs, alcohol or other such substances. Any information obtained through such examinations and/or testing may be retained by the company and is the property of the company. The company reserves the right, in its discretion and within the limits of federal and state laws, to examine, screen and/or test for the presence of illegal drugs, alcohol and other such substances as stated herein in the following situations:

1.) PRE-HIRE EMPLOYMENT TESTING. All job applicants or newly hired employees will be required to undergo screening for the presence of illegal drugs, alcohol or other such substances as a condition of beginning employment with the company. Applicants will be required to voluntarily submit to a urinalysis test conducted by signing consent agreement(s) in connection with such testing will release the company and said laboratory from liability in connection therewith. Any applicant with a positive test result may be denied employment with the company. The company will not and cannot tolerate the current abuse of illegal drugs, alcohol or other such substance.

2.) FOR CAUSE/POST-ACCIDENT OR INCIDENT TESTING. If an accident or incident occurs involving an employee while on company business or on company premises, no matter how minor or insignificant, the company may require a drug and/or alcohol test. A drug and/or alcohol test may also be required after any situation where there has been a "near miss" incident or accident, even though no injury or property damage occurs. When there is reasonable cause to suspect that an employee's behavior, performance, error in judgment, or unsafe actions are related to the use or abuse of illegal drugs, alcohol or other such substances, the company may require that the employee submit to a drug and/or alcohol test. Failure by an employee and/or his supervisor to report any accident or incident, which meets the post-accident or post-incident testing criteria, is in violation of this company policy and subject to disciplinary action, which includes, without limitation, immediate termination. An employee's testing positive may make him or her ineligible for worker's compensation benefits.

3.) RANDOM TESTING. All employees and/or specified employees are subject to routine random drug and/or alcohol testing in order to detect the use, abuse, or presence in an employee's system of illegal drugs, alcohol or other such substances without any advance notice or prior warning.

4.) POST-TREATMENT, COUNSELING, REHABILITATION OR RETURN TO WORK TESTING. Employees who return to work following a (1) medical leave of absence, (2) a work related injury, (3) drug, alcohol, or substance abuse counseling or (4) rehabilitation may be subject to drug and/or alcohol testing upon return to work and for up to one year following the employee's return to work. A positive test result will constitute grounds for immediate termination. It is a condition of reinstatement of employment with the company for an employee upon completion of a drug and/or alcohol counseling program or any other return-to-work established procedure to submit to an alcohol and/or drug screening test.

VIII. SEARCHES

In order to achieve the objective of the company's policy, the company reserves the right at all times to search employees who are entering and departing the company premises, conducting company business or when circumstances warrant or when reasonable suspicion or cause exists to have property authorized supervisors or search personnel (including drug detection dogs) conduct unannounced reasonable searches and inspections. These searches may extend to other company premises as described above as well as to the employee's personal effects. Employee personal property subject to inspection includes, but is not limited to, lockers, baggage, briefcases, boxes, bags, parcels, lunch-boxes, food/beverage containers, desks, tools, clothing, and vehicles. The purpose of said search is to determine if employees or others on company premises or conducting company business are in possession of, using, abusing, transporting, or concealing any illegal drugs, alcohol and other such substance or other items prohibited by this policy. Searches may be initiated without prior notice or advanced warning and conducted at times and locations as deemed appropriate by the company. Any employee found to have illegal drugs, alcohol, or other such substances in their possession, on their person, or in their personal area (desks, car, and lunch container) will be subject to immediate disciplinary action, up to, and including immediate termination or discharge. The company reserves the right to conduct any search it deems appropriate as set forth in this company policy.

IX. DRUG TESTING PROCEDURES

Drug and alcohol testing under this company policy will be performed by (SAMHSA-formerly NIDA) certified professional laboratories that will collect urine, blood, breath, and/or skin specimens at a qualified collection site or on company premises. All testing will be conducted in a professional and sanitary manner with due regard to the employee's privacy, dignity, and confidentiality. A secure written chain of custody process is implemented from the time of collection of the specimen until the specimen is disposed of or secured in frozen long-term storage. All employee specimens will be analyzed by such (SAMHSA-formerly NIDA) certified professional laboratories for the presence of illegal drugs, alcohol, or other such substances.

All specimens will undergo an initial screening test. Any positive test result will be confirmed through a gas chromatography with mass spectrometry (GC/MS) test. Any positive test result from this latter test will be reviewed by a medical review officer as defined by Louisiana law and the medical review officer must provide an opportunity for an interview with the employee as part of the verification process prior to the positive test result being communicated back to the company. This will ensure that positive test results are not due to authorized prescription, off-the-shelf or over-the-counter medications appropriately used or other factors, which the medical review officer feels justifies the presence of the illegal drugs, alcohol or other such substances.

An employee who is suspected of being under the influence of illegal drugs, alcohol, or other such substances may, at the option of the company, be suspended from work until the results of the drug and/or alcohol test are received and reviewed by the company's administrator. Employees who are testing under this company policy will have the right upon request, to receive the results of his/her test. Employees whose tests are verified positive by the medical review officer will be notified by either the company, the certified laboratories conducting the testing/screening and/or the medical review officer.

X. ALCOHOL TESTING

Testing employees for the presence of alcohol will initially be performed through the use of breath, skin, and/or other alcohol detector tests. If an employee tests positive for alcohol in such a test, such positive result may, if challenged by the employee, be confirmed through the use of a breath analyzer or blood alcohol test. A breath analyzer or blood alcohol test result (or breath scan/comparable alcohol detector test which is not challenged) showing a concentration of 0.04% or greater shall be grounds for appropriate disciplinary action, including, without limitation, immediate discharge and/or termination.

XI. CONSEQUENCES OF A POSITIVE DRUG OR ALCOHOL TEST

- 1.)** In the event of a confirmed positive test result for the presence, use or abuse of illegal drugs, alcohol, or other such substance during a pre-employment drug or alcohol screening, the applicant will not be hired.
- 2.)** In the event of a confirmed positive test result for the presence, use or abuse of illegal drugs, alcohol,

or other such substances for current employees during a drug/alcohol screen provided for by this company policy, the employee (1) may be immediately terminated and discharged, for cause, (2) may be reported to state and federal authorities and agencies and (3) may be denied workers' compensation benefits or unemployment compensation benefits.

BY SIGNING HEREIN BELOW:

1. I expressly confirm that I have read and understood the company's policy;
2. I understand that participation in the company's policy is a mandatory condition of my employment,
and
3. I further agree and expressly consent to all terms, conditions, mandates, and prohibitions set forth in the company's policy.

Applicant or Employee SSN: _____
Applicant or Employee Name (PRINT): _____
Applicant or Employee's Signature: _____
Date: _____

Supervisor's Signature: _____
Date: _____

PROPERTY ONE EQUIPMENT ASSIGNMENT FORM

All key(s), tool(s), equipment, uniform(s), and any other items assigned to an employee by Property One, or made available for use by the employee, are the property of Property One and are to be returned to upon transfer or termination of employee for any reason.

In the event of a loss of cash, key(s), tool(s), equipment or uniform(s), or any other item, the employee(s) responsible may be subject to disciplinary action up to and including termination of employment and any monies earned by the employee(s) responsible will be subject to withholding to satisfy part or all of the loss until the total amount of the loss is repaid.

[illegible]

My signature below acknowledges my understanding of and agreement to abide by this policy. My signature further authorizes Property One to deduct the cost of any lost or damaged equipment assigned to me from my paycheck.

Employee Signature

Date _____

Employee Supervisor

Date _____

EMPLOYEE ACKNOWLEDGEMENT OF EMPLOYMENT STATUS

I understand and accept this employment knowing that for purposes of determining my average weekly wage under the Louisiana Workers' Compensation Law [La. Rev. Stat. 23:1021(12)]:

- (a) the employment customarily provides for less than forty hours per work week and
- (b) the employment is classified as "part-time" which means employment for less than 40 hours per week.

This acknowledgement is intended to comply with the provisions of the workers' compensation law and is not intended to alter my entitlement to any other employee benefits provided that I meet the hourly workweek or length of employment requirements for those benefits.

Date:_____

Signature:_____

Print Name:_____

Company:_____

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Print Name (Last, First, & Middle)	Social Security Number		
Street Address	City	State	Zip Code

Bank Name	State	Account Number	Routing Number	Account Type	Amount/Percent
				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

PLEASE CHECK ONE

<input type="checkbox"/>	New or Additional Direct Deposit		
<input type="checkbox"/>	Change the Bank or Account Number on an Existing Direct Deposit	Account Number to be Replaced:	
<input type="checkbox"/>	Change the Amount of an Existing Direct Deposit	Amount Was:	Amount Changed To:
<input type="checkbox"/>	Other (please explain):		

Please attach a voided check in the space below.

--

I have attached a voided personalized check (checking accounts) or deposit slip (savings accounts) for each account specified. (This request will not be processed without the accompanying documentation.)

I hereby authorize the Company to directly deposit any salary or wages due to me, less any mandatory or authorized withholdings or deductions in the bank account(s) listed above in the percentages specified. (If two or more accounts are designated, deposits are to be made in whole percentages of pay to total 100%.)

The Company will credit my account(s) the amount of my payroll check on payday. The Company will provide me with a check stub on payday listing my deductions and pay. Deposits are normally available the morning of pay date however each bank posts funds to accounts at different times daily, and the Company has no control over my bank's posting.

I authorize my financial institution to accept direct deposits to my account upon receipt and without advice to me. It is my responsibility to verify deposits on a per pay date basis before writing checks against these funds. I understand that the Company is not responsible for bank errors or bank fees. Banking services are provided in accordance with the limitations and restrictions of the Automated Clearing House Association.

This authorization is to remain in force until the Company has received written authorization from me of its termination or change. I understand that if my account has closed, my financial institution cannot accept a deposit on my behalf. If this occurs, my employer will not be able to process any further direct deposits without further written authorization from me. **IN ORDER TO TERMINATE OR REVOKE THIS AUTHORIZATION, I MUST NOTIFY MY EMPLOYER IN WRITING AT LEAST TWO WEEKS PRIOR TO THE TERMINATION.**

Signature: _____

Name (printed): _____ Date: _____

Employees: Please allow 2-4 weeks for your direct deposit to begin. Please verify with your bank that your first direct deposit has been processed correctly.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2023**Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
	Step 4 (optional): Other Adjustments (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5:
Sign
Here

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

Employee's signature (This form is not valid unless you sign it.)

Date

Employers
Only

Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may 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 **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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 territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



State of Louisiana
Department of Revenue

Employee Withholding Exemption Certificate (L-4)

Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Basic Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet below. Do not claim more than your correct withholding personal exemptions and the correct number of withholding dependency credits. Do not claim additional withholding exemptions if you qualify as head-of-household. In such cases, only the withholding personal exemption applicable to single individuals is allowable. You must file a new certificate within 10 days if the number of your exemptions decreases, except where the change occurs as the result of death of a spouse or a dependent. You may file a new certificate at any time the number of your exemptions increases. Penalties are imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption. This form must be filed with your employer. Otherwise, he must withhold Louisiana income tax from your wages without exemption.

Note to Employer: Keep this certificate with your records. If the employee is believed to have claimed too many exemptions or dependency credits, the Secretary of Revenue should be so advised by forwarding a copy of the employee's signed L-4 form to the Department.

Personal Allowances Worksheet

A. In Block A, enter "0" if you claim neither yourself nor your spouse, or

In Block A, enter "1" if you claim yourself, provided you do not claim this exemption in connection with other employment or your spouse has not claimed your exemption, or

In Block A, enter "2" if you claim yourself and your spouse. You may choose to enter "0" if you are married, and have either a working spouse, or more than one job. (This may help you avoid having too little tax withheld.)

A.

B. In Block B, enter the number of dependents (other than your spouse or yourself) whom you will claim on your tax return. If no credits are claimed, enter "0".

B.

— — Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records. — —

Form **L-4**

Louisiana
Department of
Revenue

Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial		Last name	
2. Social Security Number	3. <input type="checkbox"/> No exemptions or dependents claimed <input type="checkbox"/> Single <input type="checkbox"/> Married		
4. Home address (number and street or rural route)			
5. City, State, ZIP			
6. Total number of exemptions you are claiming (from Block A above)		6.	
7. Total number of dependents you are claiming (from Block B above)		7.	
8. Additional amount, if any, you want withheld each pay period		8.	

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature

Date

The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number
--------------------------------	---

EEO SELF-IDENTIFICATION FORM

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.



Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin. This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, this employer invites employees to voluntarily self-identify their race/ethnicity and gender. If you do not self-identify your race/ethnicity at this time, the federal government requires this information to be determined by the employer through a visual survey and/or other available information.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

INVITATION TO SELF-IDENTIFY

Name (Last, First, & Middle)	
Position	Date

What is your legal sex? ☐ Male ☐ Female

What is your race or ethnicity? **You may mark only one box.**

<input type="checkbox"/>	Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/>	Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	Asian (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/>	American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/>	Two or More Races: all persons who identify with more than one of the above racial identities.
<input type="checkbox"/>	I do not wish to disclose.

**LOUISIANA WORKERS' COMPENSATION SECOND INJURY BOARD
POST-HIRE/CONDITIONAL JOB OFFER KNOWLEDGE QUESTIONNAIRE**

EMPLOYEE: The intent of this questionnaire is to provide your employer with knowledge about any pre-existing medical condition or disability which may entitle your employer to reimbursement from the Louisiana Workers' Compensation Second Injury Board in the event you suffer an on-the-job injury.¹ This reimbursement in no way affects the benefits owed to you by your employer or its insurance company under the Louisiana Workers' Compensation Act. La. R.S. 23:1021-1361. However, your failure to answer truthfully and/or correctly to any of the question on this questionnaire may result in a forfeiture of your workers' compensation benefits.

In order for your employer to be considered for reimbursement from the Second Injury Board, it has to show that it knowingly hired or retained you with a pre-existing medical condition or disability. To establish its knowledge, your employer is requesting that this questionnaire be completed.

INSTRUCTIONS: Please answer ALL questions completely. If a response requires an explanation, please provide a brief description on the Explanation Page. If you have any questions or need help in answering the questions on this form, please ask for assistance from the Employer Representative signing this form.

NOTE: Since this questionnaire contains medical information, you can request that the form be kept CONFIDENTIAL and not made part of your personnel file. Please let your employer know that you want the completed questionnaire placed in a sealed folder for confidentiality purposes.

EMPLOYEE WARNING

FAILURE TO ANSWER TRUTHFULLY AND/OR CORRECTLY TO ANY OF THE QUESTIONS ON THIS FORM MAY RESULT IN A FORFEITURE OF YOUR WORKERS' COMPENSATION BENEFITS UNDER La. R.S. 23:1208.1.

Employee Signature: _____ Date: _____

Employer Representative Signature: _____ Date: _____

Employer Name: _____

Employee Name: _____

Date of Birth (mm/dd/yyyy): _____ Male: Female:

Soc. Sec. # (last 4 digits only): _____

Home Address: _____

Telephone Number: (____) _____

¹ Under La. R.S. 23:1371(A), the purpose of the Second Injury Board is to encourage the employment, re-employment, or retention of employees who have a permanent partial disability.

Disease and Other Medical Conditions you currently have or have ever had.

For all conditions that you check yes, write a brief explanation on the Explanation Page.

[Please check the appropriate box next to each. Every illness/injury requires a Yes (Y) or No (N) answer.]

Y N	Y N	Y N	Y N
<input type="checkbox"/> <input type="checkbox"/> Diabetes	<input type="checkbox"/> <input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> <input type="checkbox"/> Arthritis	<input type="checkbox"/> <input type="checkbox"/> Heart Disease/Heart Attack
<input type="checkbox"/> <input type="checkbox"/> Silicosis	<input type="checkbox"/> <input type="checkbox"/> Tuberculosis	<input type="checkbox"/> <input type="checkbox"/> Parkinson's	<input type="checkbox"/> <input type="checkbox"/> Congestive Heart Failure
<input type="checkbox"/> <input type="checkbox"/> Varicose Veins	<input type="checkbox"/> <input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> <input type="checkbox"/> Brain Damage	<input type="checkbox"/> <input type="checkbox"/> Vision Loss, one or both eyes
<input type="checkbox"/> <input type="checkbox"/> Asbestosis	<input type="checkbox"/> <input type="checkbox"/> Post Traumatic Stress	<input type="checkbox"/> <input type="checkbox"/> Asthma	<input type="checkbox"/> <input type="checkbox"/> Disability from Polio
<input type="checkbox"/> <input type="checkbox"/> Hyperinsulinism	<input type="checkbox"/> <input type="checkbox"/> Osteomyelitis	<input type="checkbox"/> <input type="checkbox"/> Dementia	<input type="checkbox"/> <input type="checkbox"/> Psychoneurotic Disability
<input type="checkbox"/> <input type="checkbox"/> Alzheimer's	<input type="checkbox"/> <input type="checkbox"/> Nervous Disorder	<input type="checkbox"/> <input type="checkbox"/> Thrombophlebitis	<input type="checkbox"/> <input type="checkbox"/> Ruptured or Herniated Disc
<input type="checkbox"/> <input type="checkbox"/> Emphysema	<input type="checkbox"/> <input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> <input type="checkbox"/> Arteriosclerosis	<input type="checkbox"/> <input type="checkbox"/> Ankylosis or Joint Stiffening
<input type="checkbox"/> <input type="checkbox"/> Hearing Loss	<input type="checkbox"/> <input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> <input type="checkbox"/> Hodgkin's	<input type="checkbox"/> <input type="checkbox"/> High/Low Blood Pressure
<input type="checkbox"/> <input type="checkbox"/> COPD	<input type="checkbox"/> <input type="checkbox"/> Mental Retardation	<input type="checkbox"/> <input type="checkbox"/> Cancer	<input type="checkbox"/> <input type="checkbox"/> Carpal Tunnel Syndrome
<input type="checkbox"/> <input type="checkbox"/> Hypertension	<input type="checkbox"/> <input type="checkbox"/> Kidney Disorder	<input type="checkbox"/> <input type="checkbox"/> Double Vision	<input type="checkbox"/> <input type="checkbox"/> Compressed Air Sequelae
<input type="checkbox"/> <input type="checkbox"/> Head Injury	<input type="checkbox"/> <input type="checkbox"/> Loss of Use of Limb	<input type="checkbox"/> <input type="checkbox"/> Mental Disorders	<input type="checkbox"/> <input type="checkbox"/> Disease of the Lung
<input type="checkbox"/> <input type="checkbox"/> Epilepsy	<input type="checkbox"/> <input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> <input type="checkbox"/> Hemophilia	<input type="checkbox"/> <input type="checkbox"/> Coronary Artery Disease
<input type="checkbox"/> <input type="checkbox"/> Stroke	<input type="checkbox"/> <input type="checkbox"/> Sickle Cell Disease	<input type="checkbox"/> <input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> <input type="checkbox"/> Heavy Metal Poisoning

Surgical Treatment [Please check the appropriate box. Each illness/injury requires a Yes (Y) or No (N) answer.] For each Yes (Y) answer, please complete the information corresponding to the surgery on the right. Additional information can be provided on the Explanation Page, if necessary.

Y N

Spinal Disc Surgery	Year (approximate if unsure) _____
Spinal Fusion Surgery	Year (approximate if unsure) _____
Amputated Foot	Left Right Year (approx. if unsure) _____
Amputated Leg	Left Right Year (approx. if unsure) _____
Amputated Arm	Left Right Year (approx. if unsure) _____
Amputated Hand	Left Right Year (approx. if unsure) _____
Knee Replacement	Left Right Year (approx. if unsure) _____
Hip Replacement	Left Right Year (approx. if unsure) _____
Other Joint Replacement	Joint _____ Year _____
Other Surgical Procedure	Procedure _____ Year _____
Other Surgical Procedure	Procedure _____ Year _____
Other Surgical Procedure	Procedure _____ Year _____
Other Surgical Procedure	Procedure _____ Year _____

Employee Signature: _____ Date: _____

Employer Representative: _____ Date: _____

EXPLANATION PAGE

Please use the space below to explain the illnesses and/or conditions that you checked a Yes (Y) or any other medical conditions that may not be listed on this form. Ask your employer for additional copies of this page if needed.

CONDITION: _____ Year Diagnosed (approx): _____

Are you still treating for this condition? Yes No

Are you taking medication for this condition? Yes No

Do you have any permanent restrictions for this condition? Yes No

Brief Explanation: _____

CONDITION: _____ Year Diagnosed (approx): _____

Are you still treating for this condition? Yes No

Are you taking medication for this condition? Yes No

Do you have any permanent restrictions for this condition? Yes No

Brief Explanation: _____

CONDITION: _____ Year Diagnosed (approx): _____

Are you still treating for this condition? Yes No

Are you taking medication for this condition? Yes No

Do you have any permanent restrictions for this condition? Yes No

Brief Explanation: _____

CONDITION: _____ Year Diagnosed (approx): _____

Are you still treating for this condition? Yes No

Are you taking medication for this condition? Yes No

Do you have any permanent restrictions for this condition? Yes No

Brief Explanation: _____

Employee Signature: _____ Date: _____

Employer Representative: _____ Date: _____

Please answer the following questions.

1. Has any doctor ever restricted your activities? Yes No

If "Yes," please list the restrictions: _____

Were the restrictions: Permanent Temporary

Are your activities currently restricted? Yes No

What is the medical condition for which you have restrictions? _____

2. Are you presently treating with a doctor, chiropractor, psychiatrist, psychologist or other health-care provider? Yes No

Please list the medical condition being treated: _____

Doctor's Name: _____ Specialty: _____

Doctor's Address: _____

3. If you are currently taking prescription medication other than those listed on the Explanation Page, please complete the requested information below.

Medication: _____ Prescribing Doctor: _____

Medication: _____ Prescribing Doctor: _____

4. Have you ever had an on the job accident? Yes No

If you answered "YES," please provide the date for each injury and the nature of the injury:

How long were you on compensation? _____

Name of Employer: _____

5. Has a doctor recommended a surgical procedure, which has not been completed prior to this date, including but not limited to knee, hip or shoulder replacement? Yes No

If you answered YES, please provide:

Recommended surgery: _____

Approximate date of recommendation: _____

Doctor's Name: _____ Specialty: _____

Doctor's Address: _____

Employee Signature: _____ Date: _____

Employer Representative: _____ Date: _____

.....TO BE COMPLETED BY EMPLOYEE

EMPLOYEE WARNING

FAILURE TO ANSWER TRUTHFULLY AND/OR CORRECTLY TO ANY OF THE QUESTIONS ON THIS FORM MAY RESULT IN A FORFEITURE OF ANY AND ALL WORKERS COMPENSATION BENEFITS UNDER La. R.S. 23:1208.1.

I have completed this form honestly and to the best of my knowledge. I understand that providing false information or omitting pertinent information could result in loss of my workers compensation benefits should I become injured on the job.

Employee Signature: _____ Date: _____

Employee Printed Name: _____

EMPLOYER WARNING

PURSUANT TO La. R.S. 23:1208 OF THE LOUISIANA WORKERS' COMPENSATION ACT, IT SHALL BE UNLAWFUL FOR A PERSON, FOR THE PURPOSE OF OBTAINING OR DEFEATING ANY BENEFIT PAYMENT UNDER THE PROVISIONS OF THIS CHAPTER, EITHER FOR HIMSELF OR FOR ANY OTHER PERSON, TO WILLFULLY MAKE A FALSE STATEMENT OR REPRESENTATION. PENALTIES FOR VIOLATIONS INCLUDE IMPRISONMENT, FINES, AND/OR THE FORFEITURE OF BENEFITS.

You must certify the following:

1. That I am an authorized representative of the employer designated to obtain and review the information provided by the employee on this questionnaire;
2. That I have provided the employee with as many copies of the Explanation Page as needed and have confirmed the number of and labeled the pages of this questionnaire;
3. That I have provided assistance to the employee (if requested) in responding to the questions on this questionnaire;
4. That the information sought by this authorization is made on an applicant for employment only after a conditional job offer has been made and accepted, or on a current employee; and
5. That the information obtained in the authorization will **NOT** be used to discriminate in any manner against the individual who is the subject of this authorization on any basis, in violation of the Americans with Disabilities Act of 1990, 42 U.S.C. §12101, *et seq.*, or any other state or federal law;
6. That if requested, a photocopy of this fully completed and signed form will be provided to the employee.

Employer Representative Signature: _____ Date: _____

Employer Representative Printed Name: _____

Title: _____



PROPERTY ONE

Employee Handbook

Updated: January 1, 2019

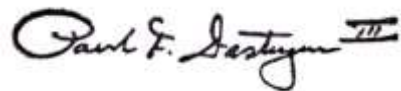
Corporate Office
3500 N. Causeway Blvd. Ste. 600
Metairie, LA 70002
Telephone 504.681.3400
Fax 504.407.2134
propertyone.com

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It is our pleasure to welcome you to Property One, Inc. Our company is one of the most successful commercial real estate firms in the southeast. Our operations extend from Florida to Texas. We're proud of our many accomplishments and owe it all to the hard work and dedication of our employees. We look forward to working with you for many years to come.

A handwritten signature in black ink, reading "Paul D. Dastugue, III". The signature is written in a cursive style with a horizontal line at the end.

Paul D. Dastugue, III, CPM
President

A handwritten signature in black ink, reading "Quentin Dastugue". The signature is written in a cursive style with a horizontal line at the end.

Quentin Dastugue, CCIM
Chief Executive Officer

A handwritten signature in black ink, reading "Paul E. Langenwaller, III". The signature is written in a cursive style with a horizontal line at the end.

Paul E. Langenwaller, III
Chief Financial Officer

INTRODUCTION

These Employee Guidelines are presented for informational purposes only and are not intended to create, nor are they to be construed to constitute a contract of employment or to create any other contractual rights, expressed or implied. Further, all employees have an at-will status and can be terminated at any time for any reason, with or without cause. No employee associated with Property One, Inc. reserves the right to improve, modify, change, disregard, suspend, or cancel at any time, without written or verbal notice from Ownership, all or any part of the Guidelines contents. We cannot rewrite the guidelines each time a change occurs; therefore, modifications may be announced in meetings or by written communication.

Company History

From its beginning as a property management company in 1985, Property One, Inc. has expanded the company's scope of activities to involve "comprehensive real estate services" throughout Louisiana and the Gulf Coast.

Founded by Paul F. Dastugue, III, CPM, and former State Representative Quentin Dastugue, CCIM, Property One, Inc. has extended into virtually every aspect of commercial real estate services involving office, retail, industrial properties, multi-family, and homeowner associations.

With a strong dedication to advancing our clients' objectives through specialized services, Property One, Inc.'s team of real estate professionals is committed to the company's corporate motto:

Keep It Simple
Make A Profit
Have Fun

With client diversification from local investors to large national institutions, Property One, Inc. and its affiliate companies have designed marketing and management functions with long range planning, research, and forecasting to provide for and assure a stable future.

Statement of Purpose

Property One, Inc. shall be a profitable, skillful, respected, and recognized Louisiana commercial real estate management, development, leasing and brokerage firm. Property One, Inc. will not own real estate; income shall be derived wholly from property management, construction management, facility management, development, leasing, brokerage sales, consulting fees, and other related activities.

Policies and procedures have been developed and continuously updated to serve as a guide to employees and associates in the performance of their assigned duties, thereby creating a more effective and efficient program in all areas of operation.

EMPLOYMENT

Equal Opportunity

It is our policy and practice to provide equal employment opportunities to all qualified individuals and to administer all aspects and conditions of employment without regard to the following: religion, sex, color, age, national origin, gender, gender identity, sexual orientation, pregnancy, citizenship and/or immigration status, genetic information, wage garnishment, physical or mental disability, military or veteran status, or any other protected class, in accordance with applicable federal, state, and local laws. Property One, Inc. uses this same policy and practice with respect to compensation and opportunities for advancement. Employment and promotion opportunities are offered to all applicants and employees solely on the basis of merit, qualifications, and longevity. Property One, Inc. will offer opportunities for advancement, as they occur, to employees possessing the ability and ambition to maintain its excellence.

At-Will Notice

Employees are not hired for any definite or specified period of time even though employee wages are paid regularly. Employees are at-will with the Company and their employment can be terminated at any time, with or without cause and with or without prior notice. Company policy requires all employees to be hired at-will and this policy cannot be changed by any oral modifications. There have been no implied or verbal agreements or promises to an employee that they will be discharged only under certain circumstances or after certain procedures are followed. There is no implied employment contract created by this handbook or any other Company document or written or verbal statement or policy.

Introductory Period

The employee's first 90 days of employment with the Company are considered an introductory period. This introductory period will be a time for getting to know fellow employees, managers and the tasks involved in the position, as well as becoming familiar with the Company's products and services. The supervisor or manager will work closely with each employee to help them understand the needs and processes of their job.

This introductory period is a try-out time for the employee and the Company. During this introductory period, the Company will evaluate employees' suitability for employment and employees can evaluate the Company as well. At any time during this first 90 days, employees may resign. If, during this period, employee work habits, attitude, attendance, performance or other relevant factors do not measure up to our standards, the Company may terminate employment.

Completion of the introductory period does not guarantee continued employment for any specified period of time, nor does it require that an employee be discharged only for cause. Completion of the introductory period also does not imply that employees now have a contract of employment with the Company, other than at-will. Successful completion of the introductory period does not alter the at-will employment relationship.

Employment Classifications

Employees are hired as full time or part time employees, either regular or temporary. In addition to these classifications, positions are classified according to the Fair Labor Standards Act as follows:

Nonexempt employees (hourly) – Nonexempt employees are required to be paid overtime for all hours worked beyond forty hours in a week, in accordance with applicable Federal Wage and Hours Laws. Nonexempt employees are compensated at the rate of time and one half (i.e., one and one half times) their regular rate of pay for all overtime work. For the purposes of determining overtime, “week” is defined as Sunday – Saturday and paid Holiday hours are not considered “worked” hours.

Exempt employees (salaried) – Exempt employees are not required to be paid overtime, in accordance with applicable Federal Wage and Hour Laws, for work performed beyond forty hours in a work week. Executives, professional employees, outside sales representatives, and certain employees in management and administrative positions are typically exempt.

Employees will be informed of their initial employment classification as an exempt or nonexempt employee in their offer letter. If an employee changes positions during his/her employment as a result of promotion, transfer, or otherwise, he/she will be informed by the Human Resources Department of any change in his/her exemption status.

Please direct any questions regarding employment classification or exemption status to the Human Resources Department.

Employee References

The Company makes strict provisions regarding information provided to people outside the Company for current and former employees. This information is restricted to the employment dates and positions held in the Company for that person. This is done to protect the Company and its employees. This information will only be released by authorized management.

Job Transfers

Management reserves its right to place employees where, and in whatever jobs it deems necessary. All job transfers, job changes, reassignments, promotions or lateral transfers are solely decided by the Company.

Employment of Relatives

Property One, Inc. does not have a general prohibition against hiring relatives. However, a few restrictions have been established to help prevent problems of harassment, safety, security, supervision, and morale.

Close family members may not be hired or transferred into a position that results in an employee directly supervising a family member. Close family members may not be hired or transferred into a position if it creates the potential for adversely affecting work performance or if it creates an actual or apparent conflict of interest.

These restrictions apply to the following degrees of relationships, whether established by blood, marriage, or other legal action: spouse, domestic partner (including parties to a civil union), child, step-child, parent, step-parent, sibling, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, aunt, uncle, nephew, niece, cousin, or relations of the same degree of a domestic partner. This policy also applies to romantic relationships.

Employee Records

Property One, Inc. will maintain employee files while individuals remain an employee of the company. Employee files have restricted access. Employees, their supervisor or manager, or their designated agents, may have access to those personnel files. In the event that an employee wishes to review their personnel file, they must do so in the presence of a supervisor or manager. Employees may review their personnel file by making a written request to their supervisor or manager. The written request will become a permanent part of the personnel file.

Reporting Changes in Personal Information

Employees shall promptly inform the Human Resources Department if they have any changes in their name, address, telephone number, marital status, and/or dependents, as well as any desired changes of beneficiary information for their employee benefit plans.

CONDUCT & BEHAVIOR

General Conduct Guidelines

Orderly and efficient operation of the Company requires that employees maintain proper standards of conduct and observe certain procedures. These guidelines are not intended to be all-inclusive. Nothing here is intended or will be construed to change or replace, in any manner, the at-will employment relationship between the Company and the employee. Nothing here is intended to infringe upon employee rights under Section 7 of the National Labor Relations Act. The Company views the following as inappropriate behavior:

- Failure to follow the policies outlined in this handbook.
- Negligence, carelessness, or inconsiderate treatment of Company clients and their information.
- Theft, misappropriation or unauthorized possession or use of property, documents, records, or funds belonging to the Company, or any client or employee; removal of same from Company premises without authorization.
- Divulging trade secrets or other confidential business information to any unauthorized individuals or to others without an official need to know.
- Accessing, without authorization, confidential information pertaining to clients or employees.

- Changing or falsifying client records, Company records, personnel or pay records, including time sheets without authorization.
- Willfully or carelessly damaging, defacing or mishandling property of a client, the Company, or other employees.
- Taking or giving bribes of any nature, or anything of value, as an inducement to obtain special treatment, to provide confidential information or to obtain a position. Acceptance of any gratuities or gifts must be reported to a supervisor or manager.
- Entering Company premises without authorization.
- Willfully or carelessly violating security, safety, or fire prevention regulations, or tampering with safety equipment.
- Conduct that is illegal under federal, state, or local law.
- Creating a disturbance on Company premises.
- Use of abusive language.
- Any rude, discourteous or un-businesslike behavior, on or off Company premises, which is not protected by Section 7 of the National Labor Relations Act and that adversely affects the Company services, operations, property, reputation or goodwill in the community, or interferes with work.
- Insubordination or refusing to follow instructions from a supervisor or manager; refusal or unwillingness to accept a job assignment or to perform job requirements.
- Leaving during scheduled work hours without permission; unauthorized absence from assigned work area during regularly scheduled work hours.
- Sleeping during regular working hours.
- Recording time for another employee or having time recorded by another employee.
- Use or possession of intoxicating beverages or illegal drugs on Company premises during working hours, or reporting to work under the influence of intoxicants.
- Unauthorized possession of a weapon on Company premises.
- Illegal gambling on Company premises.
- Soliciting, collecting money, vending, and posting or distributing bills or pamphlets during working hours in work areas. Such activity by employees during non-working time, including meal and rest periods, is not restricted so long as such activity does not interfere with the regular operation of business, is lawful, in good taste, conducted in an orderly manner, and does not create safety hazards or violate general good housekeeping practices. Non-employees are prohibited from any and all forms of solicitation, collecting money, vending, and posting or distributing bills or pamphlets on Company property at all times.
- Falsification of documents requested by or provided to the employer or necessary for business operations.

Inappropriate Workplace Conduct

The purpose of this policy is to create a standard for appropriate workplace conduct. Property One, Inc. will not tolerate verbal or physical conduct by any employee that harasses, disrupts, or interferes with another's work performance, or which creates an intimidating, offensive or hostile environment to coworkers, clients, or members of the general public.

Sexual harassment and unlawful harassment are prohibited behavior and against Property One, Inc. policy. Each supervisor has a responsibility to maintain the workplace free of any form of sexual harassment. No supervisor shall threaten or insinuate, either explicitly or implicitly, that an employee's refusal to submit to sexual advances will adversely affect the employee's employment, evaluation, wages, advancement, assigned duties, shifts, or any other condition of employment or career development.

Other sexually harassing conduct in the work place, whether committed by supervisors or non-supervisory personnel, is also prohibited. Such conduct includes, but is not limited to: (1) sexual flirtations, touching, advances, or propositions; (2) verbal abuse of a sexual nature; (3) graphic or suggestive comments about an individual's dress or body; (4) sexually degrading words to describe an individual; (5) the display in the workplace of sexually suggestive objects or pictures, including nude photographs; (6) other similar offensive conduct.

Property One, Inc. also prohibits harassment on the basis of race, color, religion, national origin, ancestry, physical or mental disability, veteran status, age, or any other basis protected under local, state or federal law.

An employee who believes that the actions or words of a supervisor or fellow employee constitute unwelcome harassment has a responsibility to report this conduct as soon as possible to the company's President or Human Resource Manager.

All reported incidents of prohibited harassment will be promptly investigated. When the investigation is complete, a determination regarding the reported harassment will be made and communicated to the employee who complained and to the accused harasser. During the investigation, confidentiality will be preserved to the fullest extent possible without compromising Property One, Inc.'s ability to conduct a good faith and thorough investigation.

Any employee, supervisor, or manager who is found after appropriate investigation to have engaged in inappropriate behavior towards another employee will be subject to appropriate disciplinary action up to and including termination.

Further, Property One, Inc. expressly prohibits any form of retaliatory action against any employee for filing a bona fide complaint under this policy or for assisting in a complaint investigation. However, if after investigating any complaint of harassment or unlawful discrimination, Property One, Inc. determines that the complaint **was not made in good faith** or that an employee has provided false information regarding the complaint, disciplinary action may be taken against the individual who filed the complaint or who gave false information.

Appearance and Conduct

Property One, Inc. requires all employees to present a professional image to the public and clients. Accordingly, employees must wear appropriate attire while at the office or conducting company business.

Clothing should be clean and neat in appearance and all employees should consider their level of customer and public contact and the types of meetings they are scheduled to attend in determining what attire is appropriate. Employees are expected to dress appropriately for their respective jobs within the company and avoid extremes in dress, makeup and hairstyles. If employees have any questions regarding what is appropriate dress in the workplace, they should direct their questions to their supervisor. Employees violating this policy may be sent home to change to appropriate attire. Time away from work to change attire will not be compensated.

All clothing must be consistent with the standards for a professional environment and not attract undue attention or serve as a distraction to others. It must also be appropriate to the type of work being performed and take into account the expectations of any customers served. For general office attire, the key is a professional business appearance.

Preparing yourself begins before coming to work! Please ensure to:

- Groom to feel confident and professional
- Have a positive attitude
- Have appropriate body language that conveys openness and approachability
- Use professional speech with all (no industry jargon or slang)
- Appearance must be professional, safe, practical and non-offensive or distracting
- Good hygiene is imperative on a daily basis
- Hair should be clean, neat and professional
- Service employees' hair should not exceed collar length during working hours
- Hands and nails must be clean and kept well
- Tattoos are not to be visible during working hours
- Body piercing, other than ears, is not to be visible during working hours
- Articles, hats, pins, etc., other than company approved, are not to be worn during work hours
- Daytime make up should be simple and basic
- Maintain clothing by keeping buttons sewn on; clothing must be washed/dry cleaned or pressed at all times
- Smoking is not permitted in front of residents/clients and is not allowed in Property One offices.
- Remember that your body language, facial expression and tone of voice tell people more than your words spoken
- Chewing gum is considered unprofessional and is discouraged

ACCEPTABLE ATTIRE INCLUDES THE FOLLOWING:

- Sport coats and Blazers
- Slacks, Chinos, and Dockers
- Polo shirts
- Oxford button down shirts
- Suits and Dresses
- Coordinated blouses/shirts
- Pants and Slacks in: cotton, linen, rayon, silk or wool fabrics
- Business-appropriate sleeveless blouses or tops. If meeting a client, a blazer or cardigan must be worn over any sleeveless blouse or top.
- Open-toe flats, pumps, heels, or wedge shoes (must have a strap or back to the heel)
- Sweaters and cardigans
- Undergarments must be worn at all times, but should not be visible
- Accessories should be selected to coordinate with your professional dress. Scarves, ties, and simple jewelry for a finished look are acceptable.

Property One, Inc. wishes to provide a work environment that is free of safety hazards, offensive behavior, and harassment of any kind. Therefore, the following are not acceptable:

- Mini-skirts (skirts that exceed 3 inches above the knee)
- Leggings, Fleece or knit stirrup pants
- Tops or blouses that expose midriff or are backless
- Any tight fitting or low-cut ensemble
- Western wear including belt buckles and western boots
- See through fabrics
- Athletic, or canvas footwear
- Ties with “sayings” or advertisements
- Denim pants or jeans
- Sandals, flip flops, or thong shoes
- Shorts or beach wear
- Spandex or Lycra (i.e. biking shorts or pants)
- Tank, tube, or halter tops
- Wrinkled, torn, stained, dirty, faded, discolored, patched, ripped, frayed clothing – or clothing with missing buttons – are not appropriate
- Clothes with offensive slogans or pictures, i.e., profanity, offensive gestures, suggestive cartoons, etc.

CASUAL FRIDAY DRESS:

Fridays have been designated as a “casual” dress day for non-uniform staff-members. The key is “casual,” which is a privilege that is offered to provide a more comfortable and relaxed work atmosphere one day per week. Denim jeans may be worn. Jeans shall be dress jeans only. No torn, worn or faded jeans are allowed. Tennis shoes as well as casual shoes such as deck shoes and loafers may be worn. Team sports jerseys may be worn (no t-shirts). No flip flops are allowed. All other dress code policies shall remain in place.

NOTE: On site non-uniform personnel must have ownership permission to dress casually on these days. Casual dress day may be revoked on an individual, a unit, or a department-wide basis if the guidelines set forth are not adhered to.

Due to ever changing fashions, styles, and fads, employees should always pay attention to any published modifications to these guidelines covering proper dress.

Abusive Conduct

Abusive conduct means malicious conduct of an employer or employee in the workplace that a reasonable person would find hostile, offensive, and unrelated to an employer’s legitimate business interests. Abusive conduct may include repeated infliction of verbal abuse, such as the use of derogatory remarks, insults, and epithets, verbal or physical conduct that a reasonable person would find threatening, intimidating, or humiliating, or the gratuitous sabotage or undermining of a person’s work performance. A single act will generally not constitute abusive conduct, unless especially severe and egregious.

The Company considers abusive conduct in the workplace unacceptable and will not tolerate it under any circumstances. Employees should report any abusive conduct to a supervisor or manager with whom employees are comfortable speaking. Supervisors and managers are to assume the responsibility to ensure employees are not subjected to abusive conduct. All complaints will be treated seriously and investigated promptly. During the investigation process the Company will attempt to maintain confidentiality to the fullest extent possible.

It is a violation of Company policy to retaliate or otherwise victimize an employee who makes a complaint or a witness who serves in the investigation of the abusive conduct allegation.

Corrective Action

A high level of job performance is expected of each and every employee. In the event that an employee’s job performance does not meet the standards established for the position, employees should seek assistance from their supervisor or manager to attain an acceptable level of performance. If employees fail to respond to or fail to make positive efforts toward improvement, corrective action may ensue, including termination of employment.

It is the policy of the Company to regard discipline as an instrument for developing total job performance rather than as punishment. Corrective action is one tool the Company may select to enhance job performance. The Company is not required to take any disciplinary action before making an adverse employment decision, including discharge. Corrective action may be in the form of a written or oral reprimand, notice(s) of inadequate job

performance, suspension, discharge or in any combination of the above, if the Company so elects. The Company reserves its prerogative to discipline, and the manner and form of discipline, at its sole discretion.

If employees violate established Company procedures, guidelines, or exhibit behavior that violates commonly accepted standards of honesty and integrity or creates an appearance of impropriety, the Company may elect to administer disciplinary action.

COMPENSATION

Work Schedules and Pay Periods

The normal working hours for Property One, Inc. are 8:00 a.m. to 5:00 p.m., Monday through Friday. Lunch periods are scheduled for one (1) hour, normally between the hours of 11:30 a.m. and 1:30 p.m. The lunch hour customarily taken shall be specifically approved by the department supervisor in order to minimize the possibility of the office being understaffed during the lunch period. Lunch periods are unpaid time when employees are relieved of all duties.

The workweek for Property One, Inc. begins at 12:01 am on Sunday and concludes at midnight on Saturday.

Employees are paid bi-weekly, every other Friday. When a payday falls on a holiday, payroll will be distributed on the preceding scheduled workday.

Attendance Record Requirements

Regular, on-time attendance is essential for efficient operation of Property One, Inc. When it is necessary for an employee to be late or absent, the appropriate supervisor must be notified as soon as possible. If the cause of the absence or late arrival is unexpected, the appropriate supervisor must be notified at the earliest possible time on the day of the absence or lateness. Repeated absences, excessive absences (excused or unexcused), or a pattern of absences are unacceptable job performance. Similarly, employees will be rated in their performance evaluation in the categories of attendance and punctuality.

All nonexempt, hourly employees will be required to record their own time worked and their absences in Property One, Inc.'s official timekeeping system. All exempt employees will be required on a biweekly basis to approve their own time worked as well as any paid time off in this same timekeeping system.

All time for nonexempt employees must be reviewed and approved by both the employee and his/her supervisor verifying its completeness and accuracy. Supervisors are responsible for approving time sheets for all employees in Property One, Inc.'s official timekeeping system on the Monday preceding payday by 10 am CST. In addition, any paid time off taken must be noted and approved as such. Failure to follow these procedures could result in omission from the current payroll cycle.

Please ensure that your actual hours worked and leave time taken are recorded accurately. Falsification of a time record is a breach of company policy and is grounds for disciplinary action, including the possibility of discharge.

Direct Deposit

Property One, Inc. offers all employees the option of receiving their compensation via direct deposit to a qualified banking institution. The employee is responsible for reporting any changes in their banking account elected for direct deposit during the course of their employment. Enrollment requests or change notifications must be reported to the Human Resources Department.

Work Assignments

In addition to specific duties that come with an individual's job responsibilities, each job also includes "other duties as assigned." From time to time, employees may be required to perform duties or tasks of a fellow employee who is absent or for a position that is temporarily vacant. Employees will be compensated at their regular rate of pay while performing other assigned duties on a temporary basis.

Payroll Deductions

The Company is required by law to make certain deductions from all employees' paychecks. Such deductions include federal, state, and local taxes and court-ordered wage garnishments. Voluntary deductions might include premiums for benefits, retirement plan contributions, and disability insurance.

Exempt Employee Payroll Deductions

The Company complies with the salary basis requirements of the Fair Labor Standards Act (FLSA) and does not make improper deductions from the salaries of exempt employees. Exempt employees are those employed in a bona fide executive, administrative or professional capacity and who are exempt from the FLSA's overtime pay requirements.

There are certain circumstances where deductions from the salaries of exempt employees are permissible. Such circumstances include:

- When an exempt employee is absent from work for one or more full days for personal reasons other than sickness or disability;
- When an exempt employee is absent for one or more full days due to sickness or disability if the deduction is made in accordance with a bona fide plan, policy or practice of providing compensation for salary lost due to illness;
- To offset amounts received as witness or jury fees, or for military pay;
- For unpaid disciplinary suspensions of one or more full days imposed in good faith for workplace conduct rule infractions

The Company is not required to pay the full salary in the first or last week of employment; for weeks in which an exempt employee takes unpaid leave under the Family and Medical Leave Act, if applicable; or for penalties imposed in good faith for infraction of safety rules of major significance. In these circumstances, either partial day or full day deductions may be made.

Pay Adjustments, Promotions, and Demotions

The Company is most interested in providing maximum opportunity for employee advancement within the Company, if advancement opportunities are available. Accordingly, present employees of the Company may be considered for promotions and may be preferred for promotion before any new employees are hired to fill vacancies that may arise. Of course, the Company retains sole discretion to determine the factors to be applied in any promotion decision, and the relative weight of the factors.

All pay increases are based upon merit, market factors, and the profitability of the company. There may not be an automatic annual cost of living or salary adjustment to reflect current economic conditions. Employees pay also may be adjusted downward. Salary decreases may take place when there is job restructuring, job duty changes, job transfers or adverse business economic conditions.

Performance Evaluation

Employees will generally receive an appraisal of their job performance annually. This evaluation may be either written or oral. Such evaluation may not occur at exactly the same time each year, but thereabout, at the discretion of the supervisor or manager.

If in this appraisal employees are given an evaluation sheet or other written document, employees will be required to sign it. An employee's signature does not necessarily indicate that the employee agrees with all the comments, but merely that the employee has been given the opportunity to examine the evaluation and fully discuss the contents of it with their supervisor or manager.

In addition to any formal review, informal counseling sessions may be conducted from time to time.

Expense Reimbursement

This policy establishes the reimbursement procedures for travel, entertainment, and other business expenses ("business expenses") incurred during the conduct of Company business. It is Company policy to reimburse employees for ordinary, necessary, and reasonable expenses when directly related to the transaction of Company business. Directly related means:

- There is the expectation of deriving some current or future benefit for the Company
- The employee is actively engaged in a business meeting or activity necessary to the performance of the employee's job duties, or
- There is a clear business purpose for entertainment

Employees are expected to exercise prudent business judgment regarding expenses covered by this policy. Reimbursement for expenses that are outside the scope of this policy requires the prior written approval of management.

Requests for reimbursement of business expenses and requests for payment of credit card bills must be submitted on the appropriate form.

While original receipts are recommended for all expenses submitted for reimbursement, they are required for all expenses greater than \$25.00. Requests for exceptions to this policy should document extenuating circumstances and be approved by management.

The Company complies with IRS regulations which require that all business expenses be substantiated with adequate records. This substantiation must include information relating to:

- The amount of the expenditure
- The time and place of the expenditure
- The business purpose of the expenditure
- The names and the business relationships of individuals for whom the expenditures were made

Requests for reimbursement lacking this information will not be processed and will be returned to the originator.

Advances and Loans

The Company does not give salary advances or loans to its employees.

BENEFITS

Time Off Benefits

Time off benefits are provided to employees so they maintain appropriate balance in their lives in order to better perform their functions at Property One, Inc. Following are the time off benefits provided to all full-time employees of Property One, Inc.

Holidays

Regular, full-time employees are entitled to the following paid holidays observed by Property One, Inc.:

New Year's Day
Mardi Gras
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Day After Thanksgiving
1/2 day Christmas Eve
Christmas Day
1/2 day New Year's Eve

If a holiday falls on a Saturday or Sunday, the holiday may be observed on the following Monday.

Vacation Time

Accrual of vacation time occurs according to the following schedule:

Length of Employment	Accrual
0-60 months	80 hrs per year (8 hrs per month* for 10 months)
61-72 months	88 hrs per year (8.8 hrs per month for 10 months)
73-84 months	96 hrs per year (9.6 hrs per month for 10 months)
85-96 months	104 hrs per year (10.4 hrs per month for 10 months)
97-108 months	112 hrs per year (11.2 hrs per month for 10 months)
109+ months	120 hrs per year (12 hrs per month for 10 months)

*New employees accrue, but cannot use paid leave until their 4th month of employment.

The employee's supervisor must approve all vacation time **at least two weeks** in advance through Property One, Inc.'s official timekeeping system.

There will be no carry over of vacation time accrued but not used in an anniversary year into the next anniversary year.

Any unused vacation will be paid out upon employment separation.

Should a company holiday be observed during an approved vacation period, the holiday will not be counted against the employee's annual vacation time balance.

Vacation time can be taken in half or full-day increments up to one week maximum at a time.

Personal Days

A personal day allowance is provided to full-time employees in order to ensure that employees do not incur any serious reduction in income due to minor illnesses. This is a privilege granted by Property One, Inc. which each employee should be careful not to abuse. Personal days may be used for illnesses, doctor or dental appointments, and other personal business.

Each full-time employee shall be entitled to one-half a personal day allowance per calendar month of up to a maximum of five (5) working days per calendar year. Personal days accrued shall be calculated in the same manner as annual leave and may be taken in half or full day increments unless otherwise legally required.

There will be no carry-over of personal days accrued but not used in an anniversary year into the next anniversary year.

Any unused personal days will be forfeit upon employment separation.

Group Health Insurance

Property One, Inc. complies with all applicable federal and state laws with regards to health benefits administration. Health coverage is available through Blue Cross/Blue Shield of Louisiana. All eligible employees have the benefit of group health coverage for themselves at no cost, and may also add a spouse and/or dependent. Employees must pay spouse and/or all eligible dependents premiums. The employee's share of the monthly premiums, if any, will be deducted from the employee's monthly pay in two (2) equal installments.

Employees and their dependents will be covered on the 1st of the month following 60 days of employment, if the enrollment application is received within the first 45 days of employment. If these deadlines are missed, employees must wait until the next open enrollment period (August 1st of each year) to obtain coverage. If additional enrollment applications for dependents are received after coverage is effective, and if enrollment is for a dependent other than a new addition to your family, they will be subject to medical review.

Retirement

A 401(k) plan is available as an incentive for employees to save money for retirement and to share in future company profits, as determined each year by the Executive Committee.

The plan was adopted on January 1, 1993, and is open to all current, as well as future employees, who meet the eligibility requirements, i.e., full time with at least one (1) year of service and age 21 by the "plan entry date". The plan entry dates are January 1st, April 1st, July 1st, and October 1st of each year.

Just prior to the "plan entry date", employees who are initially eligible will receive an application for participation in the plan where they must elect to participate or not participate in the plan. This application must be returned to the Human Resources Department prior to the plan entry date.

Upon request, employees can, at any time receive a "Summary Plan Description" by contacting the Human Resources Department. The Summary Plan Description outlines all plan provisions. Employees may also, at any time, cancel their participation in the group 401(k) plan by requesting such termination in writing. Re-entry in the plan following termination will be eligible based upon the guidelines set forth in the Summary Plan Description.

Life and AD&D

Life insurance and accidental death and dismemberment insurance are available. The premiums for this coverage shall be the responsibility of the employee. The total cost of the monthly premium will be deducted from the employee's pay in two (2) equal installments. Employees and their dependents will be covered on the 1st of the month following 60 days of employment, if the enrollment application is received within the first 45 days of employment.

Dental

A dental plan policy is available for full-time employees. All eligible employees have the benefit of dental coverage for themselves and/or their eligible dependents. The premiums for this coverage shall be the responsibility of the

employee and the total cost of the monthly premium will be deducted from the employee's pay in two (2) equal installments. Employees and their dependents will be covered on the 1st of the month following 60 days of employment, if the enrollment application is received within the first 45 days of employment.

For more information on all benefit plans, please consult Property One, Inc.'s benefit package or contact the Human Resources Department.

Family and Medical Leave Act

The federal Family & Medical Leave Act (FMLA) provides eligible employees with unpaid leave under certain circumstances. The following provides a general overview of the FMLA. Employees with any further questions about their eligibility for FMLA leave should contact the Human Resources Department for more information.

A. LEAVE ENTITLEMENTS

Under this policy, Property One, Inc. will grant up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- To care for the employee's son or daughter during the first 12 months following birth;
- To care for a child during the first 12 months following placement with the employee for adoption or foster care;
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one consecutive block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

B. BENEFITS & PROTECTIONS

If applicable, health care benefits will be maintained during the leave. The employee is responsible for their portion of the medical insurance premium cost, if any.

Upon return from FMLA leave, the employee will be restored to the same or essentially-same position held before the leave with equivalent pay, benefits, and other employment terms and conditions.

C. ELIGIBILITY REQUIREMENTS

Employees are eligible for FMLA leave if they:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service during the 12 calendar months immediately preceding the request for leave; and
- Are employed at a worksite that has 50 or more employees within a 75-mile radius.

D. REQUESTING LEAVE

All employees requesting FMLA leave must provide written notice of the need for the leave to the HR manager. Within five business days after the employee has provided this notice, the HR manager 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 the need for leave is not foreseeable and 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.

Families First Coronavirus Response Act (FFCRA)

FMLA Child Leave

The Company provides eligible employees with up to 12 weeks of emergency family and medical leave for a qualifying need related to a public health emergency.

Eligibility

Emergency family and medical leave is available to all employees that have been employed by the Company for at least 30 calendar days.

Reason for Leave

Leave under this policy is limited to circumstances where you are unable to work (including at home) due to your need to care for your minor child because the child's school or place of childcare has been closed or is unavailable due to a public health emergency.

Requesting Leave

If you need to take emergency family and medical leave, provide notice as soon as possible. Normal call-in procedures apply to all absences from work.

Compensation

The first 10 days (two weeks) of leave are unpaid, but you may substitute accrued paid leave, including emergency paid sick leave.

The remaining 10 weeks are paid at 2/3 of your regular rate for the number of hours you would otherwise be scheduled to work (with a maximum payment of \$200 per day and \$10,000 total).

Restoration

Upon returning to work at the end of leave, the Company will make its best effort to return you to your original or an equivalent position. However, if your position has been eliminated due to the impacts of the pandemic and no equivalent position exists, restoration is not guaranteed. You will not lose any unused benefits that accrued before leave was taken.

Retaliation

The Company will not retaliate against employees who request or take leave in accordance with this policy.

Expiration

This policy expires on December 31, 2020.

Emergency Sick Leave

The Company provides eligible employees with emergency paid sick leave under certain conditions.

Eligibility

All employees are eligible for emergency paid sick leave.

Reason for Leave

You may take emergency paid sick leave if you are unable to work (or work from home) because:

1. You are subject to a federal, state, or local quarantine or isolation order related to COVID-19;
2. You have been advised by a health care provider to self-quarantine because of COVID-19;
3. You are experiencing symptoms of COVID-19 and are seeking a medical diagnosis;
4. You are caring for an individual who has been ordered or advised to quarantine by a government agency or health care provider;
5. You are caring for a child whose school or place of care is closed, or whose childcare provider is unavailable, due to COVID-19 precautions; or
6. You are experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Duration

Full time employees are eligible for 80 hours of leave.

Part-time employees are eligible for the number of hours they work, on average, over a two-week period.

Compensation

Leave will be paid at an employee's regular rate of pay, subject to a limit of \$511 per day and \$5,110 in total, when leave is taken for reasons 1, 2, or 3.

Leave will be paid at 2/3 of an employee's regular rate of pay, subject to a limit of \$200 per day and \$2,000 in total, where leave is taken for reasons 4, 5, or 6.

Leave Rules

You may elect to use emergency paid sick leave before using any other accrued paid leave.

Leave provided by the Company prior to April 1, 2020 will not count against your FFCRA leave .

Emergency paid sick leave cannot be carried over after December 31, 2020.

Requesting Leave

If you need to take emergency paid sick leave, provide notice as soon as possible. Normal call-in procedures apply to all absences from work.

Retaliation

The Company will not retaliate against employees who request or take leave in accordance with this policy.

Expiration

This policy expires on December 31, 2020.

Continuation of Benefits

Under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), employees may be allowed to continue their health insurance benefits, at their own expense, for up to 18 months after experiencing a qualifying event. Longer periods of coverage may be available dependent upon the qualifying event.

Military Leave

If employees are on an extended military leave of absence, they are entitled to be restored to their previously held position or similar position, if available, without loss of any rights, privileges or benefits provided the employee meets the requirements specified in the Uniformed Services Employment and Reemployment Rights Act (USERRA).

An employee who is a member of the reserve corps of the armed forces of the United States or of the National Guard or the Naval Militia will be granted temporary leave of absence without pay while engaged in military duty as required by state employment law. A letter from the employee's commanding officer is required to establish the dates of duty.

Court Leave

If an employee is summoned to report for jury duty, they will be granted a leave of absence when they notify and submit a copy of the original summons for jury duty to their supervisor or manager. Property One, Inc. reserves the right to request that they seek to be excused from or request postponement of jury service if the absence from work would create a hardship to the company.

An employee called to jury duty must submit proof that he/she attended each scheduled day. Employees serving on jury duty will be reimbursed for any difference between his/her regular daily wage and the daily stipend provided by the court for regularly scheduled days. The employee retains all fees received for reimbursement of travel expenses.

If an employee is dismissed from jury service before the end of his/her scheduled work time, he/she will be expected to return to his/her position immediately.

If an employee is absent from work to serve as a witness or to appear as the victim in a criminal case, the employee will be granted leave without pay for such time as it is necessary to comply with the request. Property One, Inc. may require proof of the need for leave.

Funeral Leave

Property One, Inc. provides paid leave for employees to attend the funeral of an immediate family member. The length of time allowed for the funeral leave is normally three days, but may vary as determined by your supervisor depending on the distance you must travel and the amount of responsibility you must assume. The total leave cannot exceed five consecutive working days.

Members of the immediate family are defined to include the following: mother, father, mother-in-law, father-in-law, spouse or domestic partner, sister, brother, child, sister-in-law, brother-in-law, grandmother, grandfather, corresponding step-relatives, or anyone related by blood to you who lives in the same home with you.

HEALTH, SAFETY, & SECURITY

Reasonable Accommodations

It is the policy of the Company to comply with all the relevant and applicable provisions of the federal Americans with Disabilities Act (ADA) and Pregnancy Discrimination Act (PDA), as well as state and local laws concerning the hiring and employment of individuals with temporary and ongoing disabilities. Pregnant workers may also have impairments related to their pregnancies that qualify under the ADA. The Company will not discriminate against any qualified employee or job applicant because of a person's physical or mental disability with respect to any terms, privileges or conditions of employment, including, but not limited to hiring, advancement, discharge, compensation and training.

Employees who become disabled should notify their supervisor or manager if the conditions of the disability impair their ability to perform the essential functions of their position. Where necessary and feasible, reasonable accommodations will be made for qualified disabled employees to perform the essential functions of the job in question, as long as the accommodation does not cause the Company undue hardship. The Company will also make reasonable accommodations for employees who have work-related limitations stemming from pregnancy, childbirth or a related medical condition. This may include temporary transfer to a less strenuous or less hazardous position, if an employee so requests upon the advice of their health care provider, as long as the accommodation does not cause the Company undue hardship.

All employees are required to comply with safety standards. Applicants who pose a direct threat to the health or safety of other individuals in the workplace, which cannot be eliminated by reasonable accommodation, will not be hired. Current employees who pose a direct threat to the health or safety of the other individuals in the workplace will be placed on appropriate leave until a decision has been made by management in regard to the employee's immediate employment situation.

Injury and Accident Response and Reporting

In the event that an employee becomes injured or witnesses an injury during working hours, they must report it immediately to the nearest available supervisor or manager. Employees are to render any assistance requested by supervisor, or manager. Questions asked by law enforcement or fire officials making an investigative report should be answered giving only factual information and avoiding speculation. Liability for personal injury or property damage should never be admitted in answering an investigatory question asked by law enforcement or fire officials.

When any accident, injury, or illness occurs while an employee is at work, regardless of the nature or severity, the employee must obtain an injury reporting form and complete and return the form to Human Resources as soon as possible. Reporting should not be allowed to delay necessary medical attention. Once the accident is reported, follow-up will be handled by Human Resources or the designated Safety Officer. The employee may not return to work without the permission of Human Resources or the Safety Officer.

In addition to compliance with safety measures imposed by federal Occupational Safety and Health Act (OSHA) and state law, the Company has an independent interest in making its facilities a safe and healthy place to work. The Company recognizes that employees may be in a position to notice dangerous conditions and practices and therefore encourages employees to report such conditions, as well as all non-functioning or hazardous equipment, to a supervisor or manager immediately. Appropriate remedial measures will be taken when possible and appropriate.

Employees will not be retaliated or discriminated against for reporting of accidents, injuries, or illnesses, filing of safety-related complaints, or requesting to see injury and illness logs.

Alcohol and Drug Abuse

Property One, Inc. is dedicated to providing employees with a workplace that is free of drugs and alcohol. All employees are forbidden to use or to possess alcohol or illegal drugs at any time during the workday or anywhere in the workplace. For the safety of our employees and clients, Property One, Inc. reserves the right to test any employee for the use of illegal drugs, marijuana, or alcohol under state, federal, or local laws. This may be done in cases where the employee's job carries a risk of injury or accident due to such use, or if there is an apparent inability to perform the duties required of that position.

Employees are forbidden to engage in any sale or distribution involving drugs that are illegal under state, federal or local laws, including marijuana, or any unauthorized drugs (including excessive quantities of prescription or over-the-counter drugs) on the employer's premises or performing work-related duties. Violators will be subject to immediate discipline. Any sale of illegal drugs during the workday or on the employer's premises will be treated as gross misconduct and offending employees will be immediately discharged. Additionally, any employee who is arrested for selling or distributing drugs outside of work will be discharged if convicted of a criminal offense.

Property One, Inc. screens all job applicants for alcohol or illegal drugs prior to hire. Candidates are hired contingent upon successful completion of this pre-employment drug screen.

Subsequent to hire, employees of Property One, Inc. will be required to submit to a drug and/or sobriety test upon reasonable suspicion of impairment while on the job. Failure to submit to such testing will lead to discipline up to

and including immediate discharge. Reasonable suspicion exists when an employee's appearance, behavior, speech, or breath odor indicates drug or alcohol use. Some examples include, but are not limited to:

- Direct observation of drug or alcohol use or drug paraphernalia;
- Pattern of abnormal conduct or erratic behavior;
- Lack of balance, unstable or staggered walk or muscle twitching;
- Red, watery, or glassy eyes; dilated or constricted pupils, or difficulty focusing eyes;
- Disorientation or uncoordinated movements of the hands and body;
- Slurred speech, memory loss or drowsiness.

Post-accident drug and/or sobriety testing will be conducted after an employee has an on the job accident, injury, or is involved in a potentially dangerous incident. Failure to submit to such testing will lead to discipline up to and including immediate discharge. Employees who appear to be in an impaired condition on the job may be asked to submit to a test to determine whether they are under the influence of alcohol or illegal drugs.

Any employee will be terminated if any illegal drugs (including prescription drugs without a prescription) are detected within the employee's bodily fluids.

Any employee taking medication should consult a medical professional to determine whether the drug may affect their personal safety or ability to perform the essential functions of the job and should advise their supervisor or manager of any job limitations. Upon notification of job limitations, Property One, Inc. will make reasonable efforts to accommodate the limitation.

To the extent any federal, state or local law, rule, or regulation limits or prohibits the application of any provision of this policy, then to the minimum extent necessary and only for that geographical area, this policy is deemed to be amended in compliance.

Inclement Weather

This policy establishes guidelines for Company operations during periods of extreme weather and similar emergencies. The Company will remain open in all but the most extreme circumstances. Unless an emergency closing is announced, all employees are expected to report to work. However, the Company does not advise employees to take unwarranted risks when traveling to work in the event of inclement weather or other emergencies. Each employee should exercise their best judgment with regard to road conditions and other safety concerns.

Designation of Emergency Closing

Only by the authorization of designated managers will the Company cease operations due to emergency circumstances. If severe weather conditions develop during working hours, it is at the discretion of Management to release employees. Employees will generally be expected to remain at work until the appointed closing time.

Procedures during Closings

If weather or traveling conditions delay or prevent an employee's reporting to work, their immediate supervisor should be notified as soon as possible. If possible, such notification should be made by a telephone conversation directly with the supervisor. If direct contact is not possible, leaving a detailed voicemail message or message with another employee is acceptable.

An employee who is unable to report to work may use any accrued time off or take the day off without pay.

Workers' Compensation

Property One, Inc. provides insurance for all work-related injuries or illnesses.

It is the responsibility of every employee to report any "on the job" injury to his/her supervisor immediately. An incident report must be completed and forwarded to the Human Resources Department as soon as possible.

Driving Safety

The safety and well-being of our employees is of critical importance to the Company. We therefore each have a responsibility to not only protect ourselves when on the road but also should do our part to protect those around us. All employees of Property One, Inc. engaged in transportation as part of their essential job function are required to maintain a valid driver's license and automobile insurance coverage that meets the minimum state requirements, and will be expected to consistently follow all the safety procedures below.

- All employees are expected to wear seat belts at all times while in a moving vehicle being used for Company business, whether they are the driver or a passenger.
- Use of handheld devices, whether personal or Company-owned, while behind the wheel of a moving vehicle is strictly prohibited. This includes the use for making or receiving phone calls, sending or receiving text messages or e-mails, and downloading information from the web. If an employee needs to engage in any of these activities while driving, they must pull over to a safe location and stop the vehicle prior to using any device.
- Employees are required to turn off cell phones or put them on vibrate before starting their car. Employees may consider changing their voicemail message to indicate that they are unavailable to talk, as they are driving. Employees are permitted and encouraged to communicate to clients, associates, and business partners of the policy as an explanation as to why calls may not be returned immediately.
- Although use of cell phones under any circumstances is strongly discouraged while driving, the use of hands-free technology may be warranted in emergency circumstances only.
- The use of other handheld electronic devices, such as iPads, iPods, laptops, electronic readers, and the like are strictly prohibited while driving a vehicle on Company business.
- Engaging in other distracting activities including, but not limited to, eating, putting on makeup, reading, or changing radio stations or music is also strongly discouraged while driving, even when in slow-moving traffic.
- The use of alcohol, drugs, or other substances including certain over-the-counter cold or allergy medications that in any way impair driving ability is prohibited.

- All employees are expected to follow all driving laws and safety rules, such as adherence to posted speed limits and directional signs, use of turn signals, and avoidance of confrontational or offensive behavior while driving.
- All passengers must be approved by management in advance of travel.
- Employees should never allow anyone to ride in any part of the vehicle not specifically intended for passenger use and/or any seat that does not include a working seat belt.
- Employees must promptly report any accidents to local law enforcement as well as to the Company in accordance with established procedures.
- Employees are also required to report any moving or parking violations received while driving on Company business and/or in Company vehicles.
- Insurance that meets the minimum state requirements must be maintained current as a term and condition of continuing employment in positions that require driving.

If an employee is involved in an automobile accident while on Company business (in a personal or Company vehicle) they must report the accident to their supervisor or manager immediately. Employees should request and obtain a police report and police investigation at the scene of the accident. Employees should not admit liability or guilt and should not apologize or say they are sorry under any circumstances, even if they believe they are at fault.

Smoking

Smoking is not permitted in any Property One, Inc. building, facility, work site, or vehicle. Employees wishing to smoke should do so during their break times, outside company buildings in designated areas, and in accordance with local ordinances. Smoking breaks should not exceed ten minutes in length and should not interfere with the performance of the employee's job function. Employees should take no more than two smoking breaks per workday.

WORKPLACE GUIDELINES

Orientation

It is the responsibility of the employee's immediate supervisor to provide full job and company orientation. This includes explaining duties and responsibilities of the job, employment rules, physical layout of the office, and introducing the employee to coworkers. Supervisors are also to acquaint new employees with policies and procedures, services, and to explain benefits available to them.

Personal Business

Employees should take care of personal business outside of company hours. If urgent personal business requires an employee's attention during work hours, their supervisor may give them time off with or without pay for this purpose. Employees should exercise discretion in the use of the company telephone and email for personal calls and communication as the company monitors these devices and employees have no reasonable expectancy of privacy when using them.

Lactation Accommodation

The Company provides a supportive environment to enable breastfeeding employees to express breast milk during work hours for up to one year following the birth of a child. Accommodations under this policy include a place, other than a bathroom, that is shielded from view and free from intrusion from co-workers and the public which may be used by an employee to express breast milk. Discrimination and harassment of breastfeeding mothers in any form is unacceptable and will not be tolerated.

Gifts

It is strictly forbidden for any employee of Property One, Inc. to give or accept any gifts, commissions, payments, or entertainment from any vendors, suppliers, or contractors while they are an employee of the company. Failure to comply with this policy may result in employee discipline up to and including discharge.

Solicitations and Distribution of Information and Literature

Property One, Inc. prohibits solicitation and the distribution of literature during the working time of either employee; the solicitor or the employee being solicited. In addition, the solicitation and distribution in working areas is prohibited at all times. This does not preclude employees from using their approved breaks and rest periods to solicit or distribute literature outside of working areas.

Individuals not employed by the Property One, Inc. are prohibited from soliciting or distributing literature on company property at all times.

No bulletins, notices, announcements, or other materials are to be posted on company property without the specific permission of management.

Failure to adhere to this policy may result in discipline, up to and including termination of employment.

Internet Use

Property One, Inc. provides electronic communication and internet access to employees for firm business use only. The policies listed below are a guide to help employees determine proper business internet usage. Property One, Inc. reserves the right to modify policies at any time. If a questionable situation arises, please contact the Human Resources Department for clarification. Due to technology rapidly changing, Property One, Inc. reserves the right to monitor and record internet usage, email, and file server utilization of all firm employees. Thus, as previously stated,

no employee has a reasonable expectancy of privacy. Property One, Inc. reserves the right to suspend individual user accounts for violation of firm policies.

Email and file transfers are to be for business use only by authorized users.

- Use of another employee's account or access to their personal files without ownership consent is strictly prohibited.
- Confidential information is not to be transmitted over the internet without proper encryption.
- All downloaded files or applications are to be scanned for viruses before being saved on the firm's network.
- The firm's network administrator must approve all downloaded applications before being installed on the network.
- Transmission of harassing, discriminatory, or otherwise objectionable emails or files is strictly prohibited.
- Access to non-business related, obscene, or offensive sites is strictly prohibited.
- Disruptive behavior such as introducing viruses or intentionally destroying or modifying files on the network is strictly prohibited.
- Any personal use of the network for commercial or illegal activity is strictly prohibited.
- Transmission of religious or political messages is strictly prohibited.
- Game playing is strictly prohibited.
- Social media is often useful in business and Property One recognizes that business and personal use are sometimes mixed. Due to ever changing social media applications, it may be necessary to modify the social media policy from time to time.

Use of Electronic Mail

All electronic mail messages sent or received by employees who use the electronic mail system are the property of Property One, Inc. The company reserves the right to access and disclose all messages sent over its electronic mail system for any purpose. For security reasons, employees are not to seek access to another employee's personal file of email messages without ownership permission. However, Property One, Inc. reserves the right to enter an employee's email files at any time. Thus, as has been stated previously, no employee has any reasonable expectancy of privacy with respect to company electronic communications.

Social Media Policy

Property One, Inc. recognizes the benefits of social media (Facebook, Twitter, etc.) in business and understands that business and personal may be interwound. Thus, the use of social media is not prohibited at work or on company equipment. However, there are some guidelines which need to be followed.

- Employees' personal use of social media while working must be kept to an absolute minimum and all personal use must be interwound with their work.
- Because anything posted on social media sites may be seen by the whole world, some basic rules must be established.

- Confidential company information concerning arrangements (past, present, or prospective) with customers, clients, vendors, or suppliers must never be posted. (If in doubt, ask senior management if it is confidential.)
 - Derogatory, insulting, harmful, or negative comments about customers or clients must never be posted.
 - Slanderous or libelous comments about fellow employees must never be posted.
 - Postings containing comments about someone’s race, gender, age, disability, national origin, or other personal characteristics are not permitted.
 - No postings with pornographic or sexual images are permitted.
- Conduct that negatively affects an employee’s job performance, the job performance of fellow employees, or Property One, Inc.’s legitimate business interests—including its reputation and ability to make a profit—may result in disciplinary action up to and including termination.

Inspections and Searches

Any items brought to or taken off of Company premises, whether property of the employee, the Company, or a third party, are subject to inspection or search unless prohibited by state law. Desks, lockers, workstations, work areas, computers, USB drives, files, e-mails, voice mails, etc. are also subject to inspection or search, as are all other assets owned or controlled by the Company. The Company may monitor any telephone conversation employees have on Company owned or controlled equipment, premises, or property. Any inspection or search conducted by the Company or its designees may occur at any time, with or without notice.

Electronic Assets Usage

The Company recognizes that use of the internet has many benefits for the Company and its employees. The internet and email make communication more efficient and effective. Therefore, employees are encouraged to use the internet appropriately if required by their job. Use of the internet for non-work purposes should be held to a reasonable limit; reasonableness will be determined by management. Non-work internet usage may be prohibited. If employees have questions about what constitutes reasonable usage they should not hesitate to contact their manager or supervisor.

All Company-supplied technology including computer systems and Company-related work records belong to the Company and not the employee. The Company routinely monitors usage patterns for its email and internet communications. Although encouraged to explore the resources available on the internet, employees should use discretion in the sites that are accessed.

Since all the computer systems and software, as well as the email and internet connection are Company-owned, all Company policies are in effect at all times. Any employee who abuses the privilege of Company-facilitated access to email or the internet may be denied access to the internet.

Company Phone Usage and Personal Cell Phones

The telephones of the Company are to be restricted to business calls for Company business. All employees are required to be professional and conscientious at all times when using Company phones. The use of personal cell phones or other devices during working hours should be held to a reasonable limit. Reasonableness of cell phone usage will be determined by management.

Personal Property

The Company is not liable for lost, misplaced, or stolen personal property. Employees should take all precautions necessary to safeguard their personal possessions. While the Company does not prohibit personal items in the office, desks and office areas are to be kept as neat and organized as possible. Employees should refrain from having their personal mail sent to the Company because mail may be automatically opened.

EMPLOYMENT SEPARATION

Resignation

Employees are requested to provide a minimum of two weeks' written notice of their intent to resign. An employee's notice of resignation to voluntarily terminate employment with the Company should be submitted to their supervisor or manager. An exit interview may be requested.

Termination

All employment with the Company is at-will employment. This means that the employee has not been hired for a specified duration, but that they can terminate their employment with the Company or the Company can terminate the employment relationship at any time, with or without cause, and with or without prior notice. An employee's at-will employment status cannot be changed by any oral modifications.

Personal Possessions and Return of Company Property

Any Company property issued to employees, such as computer equipment, keys, tools, parking passes or Company credit cards must be returned to the Company at the time of employment separation. Employees may be responsible for any lost or damaged items. Upon separation of employment employees are to remove their personal possessions from all Company property.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture

Office of Deputy Administrator - GIPSA
Washington, DC 20250

202-720-7051