

OKI GOLF NEW TEAM MEMBER FORM

Location/Compensation Information: To be completed by Manager - Complete all fields

Property Name: _____			
Date of Hire: / /		Employment Status:	
<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire		<input type="checkbox"/> FT: 35+ hrs/wk year round <input type="checkbox"/> PT: less than 34 hrs/wk year round <input type="checkbox"/> Seasonal: Hired for summer season	
Supervisory Duties: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Job Title: _____		Supervisor Name: _____	
Department: _____		Hourly Rate: _____ /hr	Salaried Rate: _____ /per year
Hiring Manager Reminders:			
<input type="checkbox"/> Hired in CRS		<input type="checkbox"/> Frist Day Punches to Payroll	
		Minor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expanded Wages:	Job Title	Department	Hourly Rate

Team Member Data: To be completed by Team Member - Complete all fields

Team Member Name (As shown on Social Security Card):

First	Middle	Last
Social Security Number:	- -	Date of Birth: / /
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Street Address:		
City:	State:	Zip Code:
Email Address:	Home Phone #:	Cell Phone #:
Emergency Contact:		
First	Last	Relationship
Home Phone #:	Cell Phone #:	Work Phone #:

If your contact information changes, please email HRAdmin@okigolf.com with details, or complete the Team Member Change Form located on the team member website.

Signatures	Date
Team Member	
Manager:	
General Manager:	

FOR PAYROLL USE ONLY
Badge #
Date Received:



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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

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

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

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

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

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

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

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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

Employer Completes Next Page



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

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

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

All documents must be UNEXPIRED

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

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

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

Refer to the instructions for more information about acceptable receipts.



DIRECT DEPOSIT FORM

**** NOTIFY PAYROLL IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNTS ****

- Complete the team member portion of this form.
- Attach a voided check or bank document to verify your banking information; including the following.
 - Your Name
 - Your Bank Account Number and Bank Routing Number
- Return the completed form to the Payroll Department.
- Your direct deposit should begin within two pay periods after we receive your completed form
- Use extra sheets for additional deposit distributions.

TO BE COMPLETED BY TEAM MEMBER:

I hereby authorize Oki Golf to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name(s) below, hereinafter called depository, to credit and/or debit the same as such:

NAME: _____ **SSN:** _____ - _____ - _____
Please print your name as it appears on your account

Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount:	\$
Bank Name:			
Bank Address:	Street Address:		
	City:	State:	Zip:
Account #:		Bank Routing #:	

Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount:	\$
Bank Name:			
Bank Address:	Street Address:		
	City:	State:	Zip:
Account #:		Bank Routing #:	

___ **New Enrollment**

___ **Change Enrollment** (describe change): _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

The agreement will remain in effect until the Oki Golf has received written notification of cancellation from me or my financial institution, or until I submit a new form to the Payroll Department.

Dear Oki Golf Team-Member:

If you do not have a bank account to receive pay-check direct deposit, we offer you a secondary pay solution - the Dayforce Wallet Prepaid MasterCard® Pay-Card.

To set up your account and request your MasterCard® Pay-Card, you will need to take a few simple steps. Start by downloading the Dayforce Wallet App (see attached document for instructions). Once you have downloaded the app, completed your account setup and set up your MasterCard pay-card, please be sure to set up direct-pay by following these instructions (below):

You have 2 options to set up direct pay to your pay-card. Please take one of the following two actions/options to ensure your Oki Golf pay is applied to your pay-card:

OPTION #1 - Self-Service – see instructions below:

OPTION #2 – Complete and Submit the attached DAYFORCE WALLET DEPOSIT FORM immediately upon receipt of your pay-card.

INSTRUCTIONS FOR OPTION #1 – Self-service set-up of direct deposit to your pay card:

Access your user profile by logging in-to your Ceridian/Dayforce account:

1. Log in to Ceridian/Dayforce: URL: <https://www.dayforcehcm.com/mydayforce/login.aspx>

- a. If you have already logged in, use the user information and password you created. Your login information will remain the same (company and username is below).

Company: okigolf

User name: first initial.last name (ex: a.lewis)

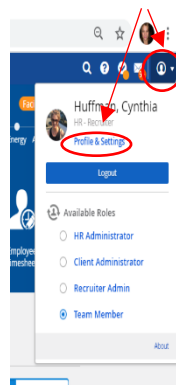
- b. If this is the first time you are logging in, use the information below to log-in and reset your user password:

Company: okigolf

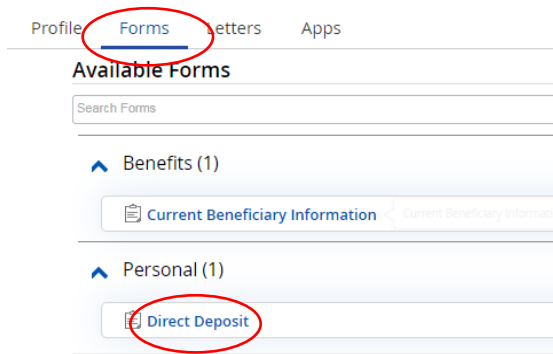
User name: first initial.last name (ex: a.lewis)

First time password: okigolfLAST4SSN (ex: okigolf1234)

On your user profile home page, access your **profile & settings** link by clicking the drop-down button in the upper left corner (see image below).



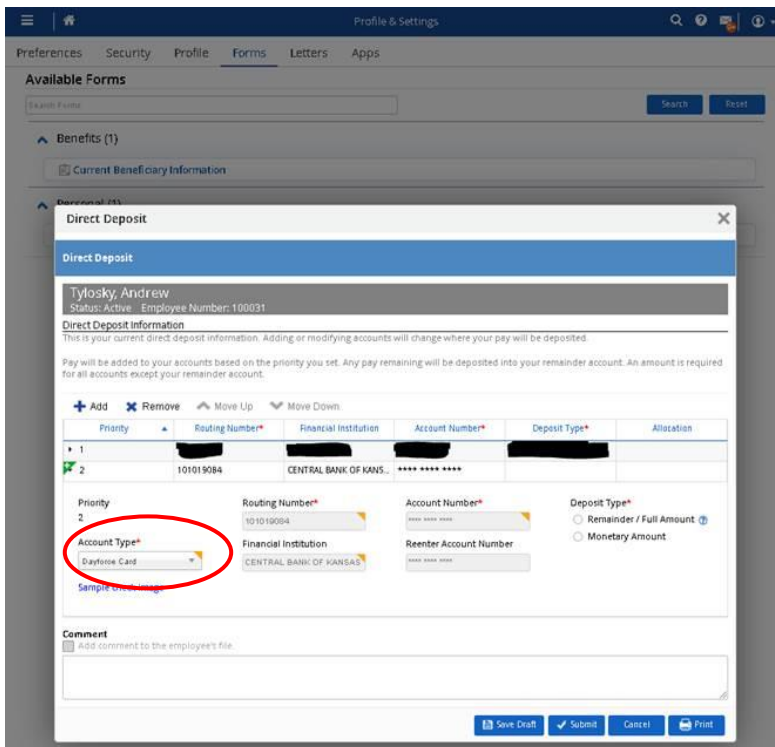
Click on the link to access **FORMS**.



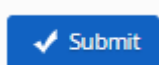
Click the **Direct Deposit** link under **Personal** Forms.

In the **Direct Deposit** drop down, select **Dayforce Pay Card** under the account type drop down box.

Enter your account information for direct pay to your Pay Card.



Be sure to click the submit button to save your information:



Your Wallet deposit should begin within two pay periods after we receive your completed form.

Please email PayrollAdmin@okigolf.com if you do not receive funds to your wallet account by the second pay period following submission of this form.



DAYFORCE WALLET DEPOSIT FORM

- Complete the team member portion of this form.
- Attach a screen shot of the information below from Wallet and include in/attach to email to Payroll.
 - Your Name
 - Your Bank Account Number and Bank Routing Number
- Return the completed form to the Payroll Department.
- Your Wallet deposit should begin within two pay periods after we receive your completed form.
 - Please reach out if you do not receive funds to your wallet by the second pay period following submission of this form.

TO BE COMPLETED BY TEAM MEMBER:

I hereby authorize Oki Golf to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name(s) below, hereinafter called depository, to credit and/or debit the same as such:

NAME: _____ **SSN** ----- _____

Please print your name as it appears on your account

Account Type:	Dayforce Wallet	Amount:	\$
Bank Name:	Central Bank of Kansas City		
Bank Address:	Street Address: 2301 Independence Ave		
	City: Kansas City	State: MO	Zip: 64124
Account #:		Bank Routing #:	

___ **New Enrollment**

___ **Change Enrollment** (describe change): _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

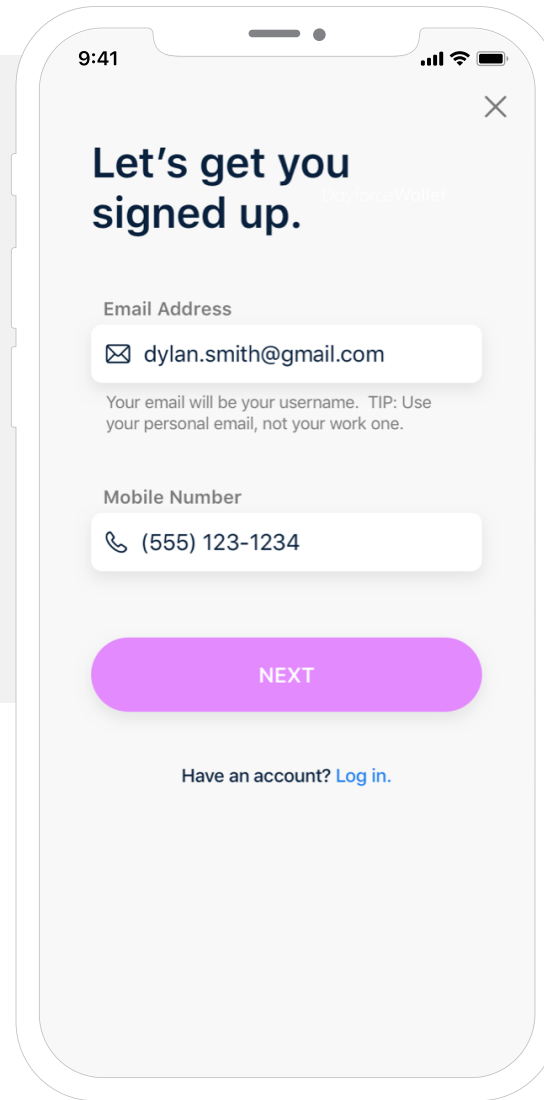
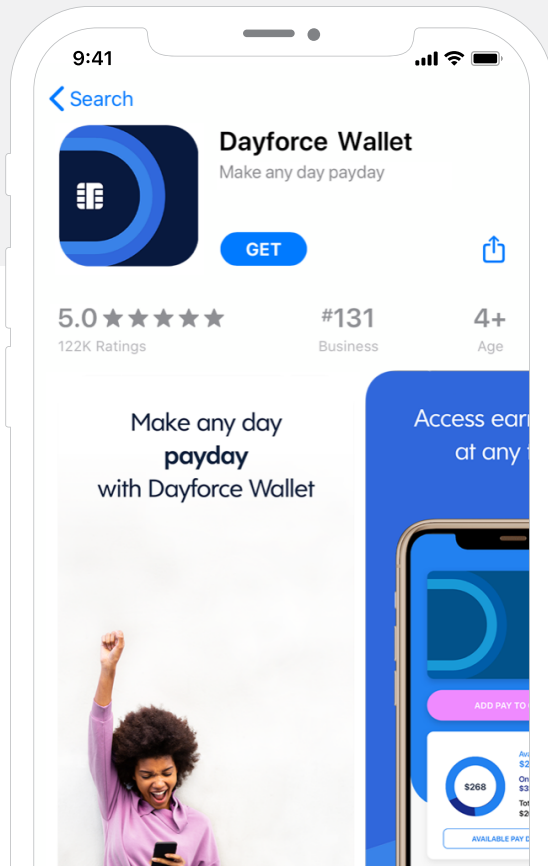
The agreement will remain in effect until the Oki Golf has received written notification of cancellation from me or my financial institution, or until I submit a new form to the Payroll Department.

CERIDIAN

Getting Started with Dayforce Wallet

Step 1: Download the App

- Open your Google Play or Apple App Store.
- In Search field, enter Dayforce Wallet.
- In search results, select the Dayforce Wallet app.
- Download the app.



Step 2: Create an Account

- Open the Dayforce Wallet app. The Login screen will open.
- Enter email address and phone number, and then select **Next**.
- Enter a password, enter again for verification, and then select **Next**. A verification code is sent to the email address provided.
- Enter the verification code sent to your email, and then select **Next**.
- Provide answers to security questions. You can select different questions by clicking the arrow button in the question field. Select **Next**.
- Please remember the email address and password used to create your account.

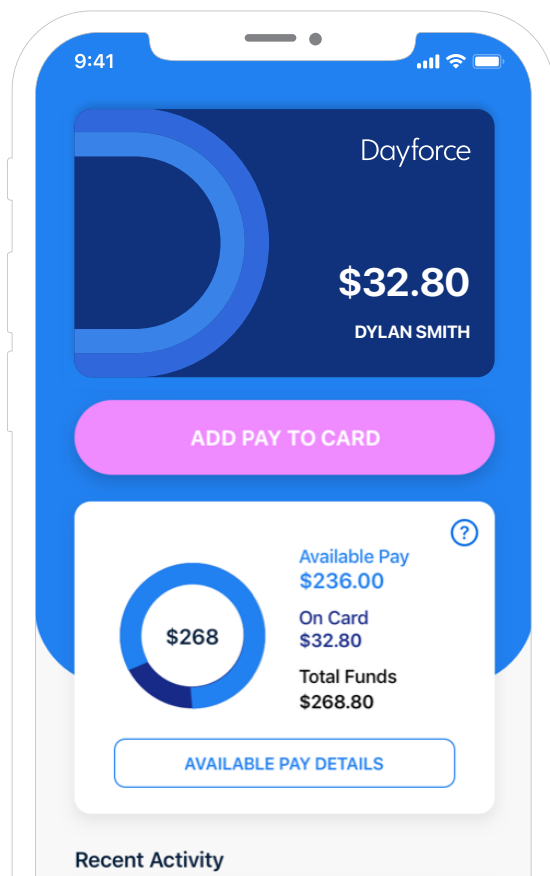
dayforcewallet.com | 1-877-723-7434

Step 3: Connect to Dayforce

Method 1:

Dayforce Mobile

- You can only use method 1 if you already have the Dayforce Mobile app on your cell phone, if you do not have the app or have not registered with the Dayforce app, please proceed to Method 2 or 3.
- On the Connect to your Dayforce Account screen, touch **Connect to Dayforce**.
- Log in to your Dayforce Mobile account.
- You're all set! All the required information will be transferred from your existing account.



Method 2:

Quick Connect Code

- To generate a quick connect code, open and log on to Dayforce Web.
- Choose the Profile icon in the top left, and select **Profile and Settings**.
- Select the **Apps** tab.
- In the Link Dayforce Wallet Account section, enter the email associated with your account, and then select **Get Verification Code**.
- On the Connect to your Dayforce Account screen in Dayforce Wallet, select **I have a code**.
- Enter the code in the field provided, and then press **Next**.
- You're all set! All the required information will be transferred from your existing account.

Method 3:

Web Login

- On the **Connect to your Dayforce** Account screen, select Connect to Dayforce. If you don't have Dayforce Mobile installed, the Web Login page will open.
- Enter your Company ID and press **Verify Company ID**. Company ID is _____
- If your Company ID is valid, enter your Dayforce User Name and Password, and then touch **Login**.
- You're all set! Now that your Dayforce account is connected to your Wallet account, you'll be able to see your available pay.

Registration complete!

Once you've connected to Dayforce, agreed to all the legal requirements, and verified your personal information, you can continue to setting up your card. For additional information and support, go to www.dayforcewallet.com.

The Dayforce Prepaid Mastercard® is issued by Central Bank of Kansas City, Member FDIC, pursuant to a license from Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. Certain fees, terms, and conditions are associated with the approval, maintenance and use of the Card. You should consult your Cardholder Agreement and Fee Schedule. If you have any questions regarding the Card or such fees, terms, and conditions, you can contact us toll-free at 1-877-723-7434, 24 hours a day.

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.**

2021

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 widow(er) <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, when to use the estimator at www.irs.gov/W4App, 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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	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 and 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)

General Instructions

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 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), 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 2021 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, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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 these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2021 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.

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; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2021 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
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er); \$18,800 if you're head of household; \$12,550 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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

You 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 Widow(er)

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	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

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	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

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	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350



PAYROLL DEDUCTION AUTHORIZATION

I, _____, hereby allow Oki Golf, at its discretion, to deduct from my paychecks any amounts I owe for pay received for absences beyond earned vacation and sick leave; for salary overpayments; for personal charges such as personal photocopies, long-distance telephone calls, postage or delivery charges, lunches, cab fares, and travel expenses; and, at the Company's discretion, for group health benefits paid by the firm during a medical leave from which I do not return.

I agree to reimburse Company promptly upon request for any amount owed that has not been deducted from a paycheck.

SIGNATURE: _____

DATE: _____



Employment Standards Program
 PO Box 44510
 Olympia WA 98504-4510

Phone: 866-219-7321
 Fax: 360-902-5300
 Email: TeenSafety@Lni.wa.gov
 Web: www.Lni.wa.gov/TeenWorkers

Parent/School Authorization

For parents or legal guardians and school officials to indicate approval for a minor employee to work accordingly to the terms listed by the employer and within the limits of child labor regulations.

This is not a Minor Work Permit

Employers must have a Minor Work Permit endorsement on their Business License for each work location where minors are employed and renew it each year. To apply, go to: <http://bls.dor.wa.gov/minorworkpermit.aspx>

Do not mail this form to L&I. This form must be **kept on file by the employer** at the minor's workplace and be available for department audit. A copy should also be maintained by the minor's school representative. Additionally, the employer must renew this parent/school authorization **by September 30 of each year or when work schedule changes.**

Employee Information — To be completed by the employee

Employee Name		Date of Birth (mm/dd/yyyy) (Must be accompanied by proof)	
Address			Phone Number
City	State	Zip Code	
School's Name (if home schooled/not enrolled in school/online classes please note)			School's Phone (include area code)
School's Address		City	State Zip Code
Are you employed at another job? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", how many hours do you work per week?	

Employer Information

Before allowing a minor to begin work, you must obtain and keep on file, at the minor's workplace, a fully completed Parent/School Authorization. As the employer, it is your responsibility to ensure that this form is completed by you before collecting signatures.

Employer Business Name	Phone Number		
Washington Unified Business Identifier (UBI) - -	Expiration Date of Minor Work Permit		
Location Address (Physical location where minor will be working)	City	State	Zip Code
Contact Name			
Wage per Hour \$			
List of Specific Job Duties			

Employers: Please read before filling out the anticipated hours and work schedule on the following page. Per [WAC 296-125-027](#) — Minors **cannot** work during the hours that school is in session. Employers should refer to the minor's neighborhood school's website for the hours of school to determine what hours the minor is eligible to work. This rule also applies to homeschooled students. No students should work during the hours that their neighborhood school is in session unless the employer has been granted a variance from the Department of Labor & Industries.

Hours and Work Schedule — Parents & schools may adjust hours and schedule as needed.

Minors **cannot** work during the hours that school is in session. Employers should refer to the school’s website to determine what these hours are.

Hours and Schedules Minors are Permitted to Work in Non-Agricultural Jobs

Age Group	School Week	Hours/Day	Hours/Week	Days/Week	Begin	Quit
14 — 15 Years Old	School Week	3 hours (8 hrs Sat-Sun)	16 hours	6 days	7 a.m.	7 p.m.
	Non-School Week	8 hours	40 hours	6 days	7 a.m.	7 p.m. (9 p.m. June 1 to Labor Day)
16 — 17 Years Old	School Week	4 hours (8 hrs Fri – Sun)	20 hours	6 days	7 a.m.	10 p.m. (Midnight Fri – Sat)
	School Week with a special variance	6 hours (8 hrs Fri – Sun)	28 hours	6 days	7 a.m.	10 p.m. (Midnight Fri – Sat)
	Non-School Week	8 hours	48 hours	6 days	5 a.m.	Midnight

- An adult must supervise minors working after 8 p.m. in service occupations such as restaurants and retail businesses.
- Overtime rules apply for all hours worked over 40 in one week.
- Special Variance does not apply to home-schooled students.

Hours and Schedules Minors are Permitted to Work in Agricultural Jobs

Age Group	School Week	Hours/Day	Hours/Week	Days/Week	Begin	Quit
12 — 13 Years Old	Non-School Week	8 hours	40 hours	6 days	5 a.m.	9 p.m.
14 — 15 Years Old	School Week	3 hours (8 hrs. non-school days)	21 hours	6 days*	7 a.m. (6 a.m. in animal agriculture & irrigation)	8 p.m.
	Non-School Week	8 hours	40 hours	6 days*	5 a.m.	9 p.m.
16 — 17 Years Old	School Week	4 hours (8 hrs non-school days)	28 hours	6 days*	5 a.m.	10 p.m. (No later than 9 p.m. on more than 2 consecutive nights before a school day)
	Non-School Week	10 hours	50 hours (60 hours per week in mechanical harvest of peas, wheat, and hay)	6 days*	5 a.m.	10 p.m.

- 12 – 13 year-olds may work only during non-school weeks hand-harvesting berries, bulbs, cucumbers, and spinach.

*Exception — 14 – 17 year-olds are allowed to work 7 days a week in dairy, livestock, hay harvest, and irrigation during school and non-school weeks.

	Days	Hours per Day		Hours per Week		Start Time		Quitting Time	
		Employer	Parent/ School Adj.	Employer	Parent/ School Adj.	Circle A.M. or P.M.		Circle A.M. or P.M.	
School Weeks	Mon — Thurs					A.M. / P.M.	A.M. / P.M.	A.M. / P.M.	A.M. / P.M.
	Fri — Sun					A.M. / P.M.	A.M. / P.M.	A.M. / P.M.	A.M. / P.M.
Non-School Weeks	Sun — Sat <i>Parents adjust only</i>					A.M. / P.M.	A.M. / P.M.	A.M. / P.M.	A.M. / P.M.

Required Signatures

Employee's Signature

Print Name _____

Employee's Signature _____

Date _____

Employer's Signature

Print Name _____

Employer Representative Signature _____

Title _____

Date _____

Note: Parents and school representatives should **not** sign this form **unless** the Hours and Work Schedule for daily and weekly work schedules are completely filled out to reflect the anticipated maximum hours of work. The school or parent may limit the hours of work for a minor according to how the minor will be affected by working too many hours, e.g., homework, attendance, etc., and may reduce and approve fewer hours than the rules allow or are requested by the employer.

Parental Authorization

I consent to allow the minor listed to be employed at the occupation and under the conditions stated above.

Print Name _____

Parent or Guardian Signature _____

Phone Number _____

Date _____

Comments by Parental Authority

School Authorization

The stated hours of employment meet the requirements of school attendance regulations and are hereby approved.

Print Name _____

School Representative Signature _____

Title _____

Phone Number _____

Date _____

Comments by School Representative

Optional School Week Special Variance Authorization For 16 – 17 Year Old Minors in Non-Agricultural Employment Only

A Special Variance allows a 16 – 17 year-old minor to work up to 28 hours per week with 6-hour shifts during the school week with approval of the authorized school official and the parent. All parties must agree to these additional hours. [Pursuant to [WAC 296-125-0700](#)]

School officials should not sign for any additional hours allowed by the Special Variance if a review of the student's progress indicates the additional work hours will be detrimental to the minor's educational activities.

Please note: The Special Variance is only for minors enrolled in public or private school. This does not apply to homeschooled students.

Are you planning to use the Special Variance for additional school-week work hours?

Yes No If checked "Yes", **both** signatures below are required.

Parental Authorization _____

School Authorization _____



MEAL BREAK WAIVER

THIS FORM IS OPTIONAL AND CAN BE COMPLETED UPON REQUEST AT ANY TIME DURING EMPLOYMENT.

I, _____, am waiving my right to take a meal break during any shift that exceeds five (5) hours*. I am also aware that I may void this waiver at any time upon request.

SIGNATURE: _____ **DATE:** _____

*Team Members under the age of 18 will be required to take a minimum 30 minute unpaid meal break for every five (5) hours worked in a day, in accordance with Washington State Law. The unpaid meal break must begin before exceeding five (5) consecutive hours worked.

Please keep a copy in the team member's file.



TEAM MEMBER UNIFORM CONTRACT

I, _____, hereby agree that the Company has provided me with uniform supplies of excellent condition. As a team member, it is my responsibility to keep my uniform articles clean and in good condition. If damage occurs during working hours, I will inform my manager immediately so that the damaged garment can be replaced. If damage occurs before or after working hours it will be my responsibility to purchase new uniform articles at the team member rate. Upon resignation or termination from the Company, I will turn in all of my team member uniform pieces in a good and clean condition. For any items I do not return, payment will be deducted from my last paycheck.

The following is a list of items I have received from my manager:

Quantity	Item Description

EMPLOYEE SIGNATURE: _____ **DATE:** _____

MANAGER SIGNATURE: _____ **DATE:** _____



PAID SICK & SAFE LEAVE POLICY

Oki Golf provides paid sick and safe leave (PSSL) for all team members working in Washington State consistent with this policy and all applicable laws, including Washington's Paid Leave law.

ACCRUAL AND CARRYOVER

Team members shall accrue PSSL at the rate of 1 hour per 40 hours worked. Accrual is based upon hours actually worked for hourly team members. Accrual is 2 hours each pay period for exempt, full-time team members. Time does not accrue when hours are paid, but time is not worked (e.g., when accrued PSSL hours are used).

At the end of each calendar year, any unused, accrued PSSL hours will be carried over to the next year up to 40 hours. Any amount of unused, accrued PSSL at the end of year over and above this carryover cap will be lost.

USAGE AND USAGE PURPOSES

Accrued PSSL may be used for the following reasons:

- The team member's mental and physical illness, injury or health condition, including temporary medical disability (for example, a team member with pregnancy or childbirth), or to accommodate the team member's need for medical diagnosis, care or treatment of the team member's mental or physical illness, injury or health condition, or a team member's need for preventive care such as medical, dental or optical appointments.
- To care for a team member's family member with a mental or physical illness, injury or health condition; to care for a family member who needs medical diagnosis, care or treatment of a mental or physical illness, injury or health condition; or to care for a family member who needs preventative care such as medical, dental or optical appointments.
- If the team member's workplace or team member's child's school or place of care is closed by order of a public official to limit exposure to an infectious agent, biological toxin or hazardous material. However, this does not include when a team member's child's school or place of care has been closed due to inclement weather, loss of power or loss of water.
- Absences resulting from the team member or his/her family members being the victim of domestic violence, sexual assault or stalking, including absences to seek law enforcement assistance or participate in legal proceeding, seek treatment from a health care provider, obtain services from a social services agency assisting such victims, to obtain mental health counseling, or to participate in safety planning, relocation for safety reasons, or other actions to increase the safety from future incidents of domestic violence, sexual assault, or stalking (collective referred to in this policy as "domestic violence").

For purposes of this policy, "family member" is defined as a child (of any age) or parent (including biological, adopted, foster, step or legal guardian), a spouse, registered domestic partner, spouse's parent, grandparent, grandchild or sibling.



Team members may begin using accrued PSSSL on the 90th day after their employment commences.

PSSSL may be used in the same time increments consistent with the company's pay practices, i.e., on a minute-by-minute basis. Team members' accrued PSSSL hours will be printed on their pay stub, including hours used and hours available.

RATE OF PAY WHEN PASS IS USED

When team members use accrued PSSSL for covered usages (discussed below), they will be paid at their normal compensation rate. They will not be paid for PSSSL usage at overtime or any premium rates.

NOTICE OF ABSENCES / VERIFICATION

Whenever possible, the request to use PSSSL should include the expected duration of the absence. Whenever the need to use accrued PSSSL is foreseeable (such as a planned treatment or procedure whether for the team member or his/her family members), team members shall provide a Benefit Pay Request Form to their supervisor at least 10 days, or as early as possible, before the PSSSL absence is expected to start. If the need to use leave for PSSSL purposes is foreseeable, but not sufficiently in advance to provide the requisite 10-day notice, the Benefit Pay Request Form must be given to the team member's supervisor as early as possible in advance of the foreseeable absence. Further, team member must give advance oral or written notice to his/her supervisor as soon as possible for the foreseeable use of PSSSL to address domestic violence issues involving the team member, his/her family member, or a household member.

If the need to use accrued PSSSL is not foreseeable (such as when there is an unforeseeable absence due to team member or family member illness or injury), the team member must provide notice of the need to use PSSSL shall notify his/her supervisor as soon as possible before the required start of their shift, unless it is not practicable to do. In the event it is not possible for the team member to provide notice of an unforeseeable absence, another person, on the team member's behalf, may provide such notice. In the case of an unforeseen absence related to domestic violence; however, oral or written notice must be provided no later than the end of the first work day that the team member takes such leave, if possible.

Absences more than three consecutive work days for PSSSL usages may need to be confirmed by documentation from a healthcare provider upon request. If this verification requirement causes an unreasonable burden or expense for the team member, they may object by promptly notifying Human Resources and providing an oral or written explanation why the use of leave was authorized for PSSSL usage and how the verification requirement creates an unreasonable burden or expense on the team member. The company will consider the team member's explanation and, within ten calendar days, make a reasonable effort to identify and provide possible alternatives for the team member to meet this verification requirement in a manner which does not result in an unreasonable burden or expense on the team member.



NO CASHOUT UPON SEPARATION

Accrued, unused PSSSL is not paid out upon separation of employment. Such time cannot be used for any other purpose. It is simply forfeited.

EFFECT OF EMPLOYMENT REHIRE

If a team member is rehired within 12 months of separation, the team member's PSSSL balance will be reinstated and the team member will not be required to wait 90 days to use such accrued leave if the team member met that requirement during the previous period of employment. If a team member did not meet the 90-day requirement prior to separation, the previous period of time the team member worked will count towards the 90 days for purposes of determining the team member's eligibility to use PSSSL.

RETALIATION PROHIBITED

Any discrimination or retaliation against a team member for lawful exercise of PSSSL is not allowed. Team members will not be disciplined for the lawful use of PSSSL leave. If a team member feels he/she is being discriminated or retaliated against, the team member should contact Human Resources.

Please contact Human Resources with any questions regarding this policy.

I, _____, have received a copy of the Paid Sick and Safe Leave Policy and have both read and agree to abide by its guidelines, policies and procedures.

EMPLOYEE SIGNATURE: _____ **DATE:** _____



ALCOHOL CONSUMPTION POLICY

PURPOSE

It is our aim that team members conform to all applicable legal requirements, where alcoholic beverage service is provided at our facilities. Our goal is to establish an environment where properly trained managers and team members are able to assist guests and colleagues in their decision to drink responsibly, while adhering to professional service Standards Company wide.

TEAM MEMBER ALCOHOL CONSUMPTION POLICY

1. At the following clubs Newcastle, Indian Summer, Plateau Club, Redmond Ridge & Washington National; all team members irrespective of position will be prohibited from the consumption of alcoholic beverages while on premise at their permanent place of work. An exception to this policy may be granted for a special occasion and with prior approval from the General Manager.
2. At the following clubs; Harbour Pointe, Echo Falls, Hawks Prairie & Trophy Lake; all management and supervisory staff will be prohibited from the consumption of alcoholic beverages while on premise at their permanent place of work. An exception to this policy may be granted for a special occasion and with prior approval from the General Manager.
3. All team members visiting an alternate Oki property other than their permanent place of work may consume alcoholic beverages within the guidelines listed below:
 - Team members may not consume alcohol while on shift. On shift means entertaining guests, including golf, which may lead to a potential business relationship.
 - Team members participating in a club event at an alternate course but not technically on shift, must exercise good judgment when consuming alcohol.
 - At the completion of a shift a team member must change out of their uniform prior to utilizing the restaurant or bar. It is preferred that team members leave the facility and return to create the “break” from work.
 - Team members should not displace guests and should vacate if capacity increases to a level that impacts the guest experience at the discretion of the facility management.
 - Team members becoming intoxicated while patronizing the facility will be subject to disciplinary procedures up to and including termination.

I have read this policy and will comply with all stated guidelines.

EMPLOYEE SIGNATURE: _____ **DATE:** _____



ANTI-DISCRIMINATION & UNLAWFUL HARASSMENT

It is our policy that no team member should be subject to unlawful discrimination, harassment, or retaliation. All Oki Golf team members have a responsibility to keep our work environment free of unlawful harassment.

Discrimination includes treating one team member or an applicant differently from another in connection with the terms or conditions of employment such as hiring, placement, promotion, termination, layoff, recall, transfer, leave of absence, compensation and training due to the team member's gender, gender expression or identity, color, race, age, national origin, pregnancy, ancestry, creed, marital status, veteran status, pregnancy or pregnancy-related condition, disability, religion, sexual orientation, political ideology, or other legally protected status. Discrimination can also involve failure to make a reasonable accommodation to a team member with a disability.

Unlawful harassment includes any inappropriate behavior or conduct based on an individual's gender, gender expression or identity, color, race, age, national origin, ancestry, creed, marital status, veteran status, pregnancy or pregnancy-related condition, disability, religion, sexual orientation, political ideology, or other legally protected status.

This policy against harassment also includes sexual harassment. Unwelcome sexual advances, requests for sexual favors, other verbal or physical conduct, texting or emails of a sexual nature, or visual forms of a sexual nature may constitute sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment.

If you feel that you have been discriminated against or harassed or witnessed this conduct, you should promptly report the incident to your supervisor, General Manager, or Human Resources department so that the Company can take appropriate action.

Director of Human Resources: (425) 646-6971, **Human Resources Generalist:** (425) 646-6972

If these persons are unavailable or if you do not feel comfortable reporting your concerns to these individuals, you should contact any supervisor or other member of management with whom you feel comfortable.

The Company investigates all claims of unlawful harassment prohibited by this policy. The Company works to investigate each report in a prompt, thorough, and fair manner. Should the investigation determine that an individual has violated our policy prohibiting sexual or other forms of unlawful harassment or retaliation, the Company will take immediate and appropriate corrective action to end the harassment. Team members who violate the Company's policies against unlawful discrimination and harassment may be subject to disciplinary action, up to and including termination.



To avoid situations that may lead to claims of sexual harassment, favoritism, or other forms of discrimination and harassment, Oki Golf strongly discourages romantic or sexual situations involving guests, between team members, and between supervisors/managers and their subordinates, regardless if both parties welcome the relationship. Should any such relationship emerge, team members must notify their manager and HR immediately. The Company reserves the right to take appropriate action when it believes that such behavior has or will have a negative impact on the work environment. This action may include reassignment, demotion, or termination.

In addition, the Company does not permit family members to act in a supervisory role of another family member.

NO RETALIATION

The Company prohibits retaliation against any team member who makes a good faith complaint of unlawful discrimination or harassment, opposes an employment practice he or she reasonably believes constitutes unlawful harassment, or who testifies, acts as a witness or otherwise assists in a workplace investigation. If you feel that you have been subjected to retaliation, you must immediately report it to a member of management following the procedures described above. All team members, including supervisors and managers, found to have engaged in retaliation will be disciplined, up to and including termination.

I, _____, have received a copy of the Anti-Discrimination and Unlawful Harassment Policy and have both read and agree to abide by its guidelines, policies and procedures.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

We would like to hear from you for suggestions and thoughts on the following question:

What can we do to make the best possible work environment for me, my co-workers, my managers, our members and guests?



TEAM MEMBER HANDBOOK ACKNOWLEDGMENT FORM

I, _____, understand the Team Member Handbook is available for me to view at any time at www.employees.okigolf.com/employees. I understand that the information in this handbook represents guidelines only and that the Company reserves the right to modify this Handbook and amend or terminate any policies, procedures, or benefit programs whether or not described in this Handbook at any time, or to require and/or increase contributions toward these benefit programs. I understand that I am responsible for reading this Handbook, familiarizing myself with its contents, and adhering to all of the policies and procedures of this business, whether set forth in this Handbook or elsewhere.

I understand that this Handbook is not a contract of employment; expressed or implied, between me and the Company and that I should not view it as such, or as a guarantee of employment for any specific duration. I understand my employment is at-will, meaning the Company or I can terminate my employment relationship, with or without a reason, at any time, with or without notice.

I further understand that no Manager, or representative of the Company, other than the CEO has the authority to guarantee employment for any specified period of time or to alter the atwill nature of my employment. I also understand that any such agreement, collective or otherwise, if made, shall not be enforceable unless it is a formal written agreement signed by the CEO.

I agree it is my responsibility to read and comply with both the policies contained in this handbook and any revisions made to it. I understand a hard copy of the handbook is available on request.

EMPLOYEE SIGNATURE: _____ **DATE:** _____



OKI DEVELOPMENTS, INC. CONFIDENTIALITY
ACKNOWLEDGEMENT FORM

Please carefully read the following agreement and acknowledge understanding and compliance with your signature and current date.

For Valuable consideration from Oki Developments (referred to as the Company), and in consideration of new or current continued employment with the Company, team member agrees as follows:

- Team Member acknowledges that through his or her temporary/regular employment with the Company, team member will have access to certain valuable and confidential information belonging to the Company, including, but not limited to, client lists, files, procedure manuals, investment information, trade secrets, business opportunities, documents, drawings, reports, data, other business and personal records.
- Team member shall not use or disclose, at any time or under any circumstances, such information to any person, firm or entity unless directed otherwise by the Company.

Upon termination of employment with the Company, for any reason, all such confidential information in team member's possession shall be immediately delivered to the team member's supervisor. This confidentiality agreement shall survive any termination in employment.

I, _____, hereby acknowledge that I have read and understand the above agreement and shall comply with all stated guidelines.

EMPLOYEE SIGNATURE: _____ **DATE:** _____



UNIVERSAL SERVICE AND PRODUCT STANDARDS

WE ARE GUEST-CENTRIC

The key to the success of any business is providing a consistent level of quality of both service and products for the enjoyment of our guests. Universal Standards help us to reach that goal.

The Oki Golf "GUEST FIRST" focus states the purpose behind our service and product standards while serving as an overall reminder that our guests are always our top priority.

SERVICE STANDARDS

The attitude, appearance and service provided by Oki Golf employees set us apart from our competitors and make our properties unique. The following six high quality service standards will ensure that the guest experience at Oki Golf will remain exceptional.

FRIENDLY, CARING & HELPFUL

- Make first contact with all of our guests and engage them with a pleasant, courteous and helpful attitude
- Try to address guests formally with their last name unless otherwise informed (i.e. Mr. or Mrs. Smith)
- Be approachable : make eye contact, acknowledge guests' presence, be attentive to guests' needs and comments
- When asked for location of items or directions, always inform and direct the guest, never point
- Verbally and sincerely thank our guests for their patronage
- Look for and act upon opportunities to assist our guests (carrying golf bag/ heavy items, opening doors)
- Acknowledging all guests within 15'
- When on property, always yield to the guests' path

ANTICIPATING GUESTS NEEDS

- Be attentive and helpful to our guests' needs
- Use suggestive selling to enhance guests' experiences: "Do you have enough balls for your round today?" or "Do you have an umbrella with you (if conditions warrant)?"

TEAM MEMBER EFFICIENCY

- Be on time, plan / prioritize your day
- Execute your job duties in a timely, accurate & safe manner
- Make every trip or moment count by looking for opportunities to do something in addition to your current task

SERVICE STANDARDS CONT.

TEAM MEMBER KNOWLEDGE

- Know your job and the pertinent facts about your facility and personnel (hours of operation, amenities, contact list)
- Understand your facility 's daily event schedule
- Know your property 's and Oki Golf's products and programs
- In response to guest questions or requests, own the problem or issue until it is resolved

TEAM MEMBER SAFETY

- Safety of guests and employees are always your top priority
- Incident reports must be completed for any guest or employee injury or safety issue

PRODUCT STANDARDS

Oki Golf was built on the principle of operating high-quality facilities with value-based product offerings. The five product standards help us ensure our properties provide unparalleled value to our customers.

CLEANLINESS

- Facilities clean throughout the property: litter-free, no dust, no grime, no cigarette butts
- Concrete cracks free from grass / weeds

WELL-MAINTAINED & IN GOOD WORKING ORDER

- Work area maintained : organized , litter/ clutter-free, clean
- Broken , damaged or non-functioning items are recognized, reported and either repaired or removed
- Trash and cigarette receptacles are in usable order

STOCKED & READY FOR USE

- Established "pars" are maintained for your specific area
- Supplies replenished at agreed upon levels
- Shortages reported to your supervisor
- Areas prepared for next guests

FACILITY SIGNAGE & INFORMATION

- Consistent with the facility and Oki Golf brand standards
- Clear, helpful & accessible directional and safety signage
- Signage conveys current events and course conditions

PRODUCT QUALITY

- Oki Golf Marketing Department consulted for development and / or approval of all written communications with guests
- Product consistent through agreed upon standards, recipes and maintenance practices
- Property and Oki Golf logo, images and marks used properly and with approval by Marketing Department, marketing@okigolf.com

STANDARDS TRAINING AND RECOGNITION

PURPOSE STATEMENT

The Oki Golf Universal Standards will guide us toward the common goal of putting our GUEST FIRST and ensuring they receive an exceptional experience during every visit.



NEW TEAM MEMBER SAFETY CHECKLIST

General Safety Training:

- | | |
|--|--|
| <input type="checkbox"/> Review general safety rules | <input type="checkbox"/> Proper lifting techniques |
| <input type="checkbox"/> How and when to report injuries | <input type="checkbox"/> Location of safety bulletin board & committee members |
| <input type="checkbox"/> Location of first aid kits | <input type="checkbox"/> Review use of protective equipment and apparel |
| <input type="checkbox"/> Location of AED's | <input type="checkbox"/> Review equipment operation safety |
| <input type="checkbox"/> Location of fire extinguishers | <input type="checkbox"/> Emergency action and fire prevention plan |
| <input type="checkbox"/> Address and phone numbers of preferred emergency care providers | <input type="checkbox"/> Hazardous communication program, MSDS, chemical list training |
| <input type="checkbox"/> How to report unsafe conditions | <input type="checkbox"/> Location of eye wash stations |
| <input type="checkbox"/> Emergency evacuation procedures | |
| <input type="checkbox"/> Housekeeping | |

This list is a general list intended for all team members. You will receive department specific safety information during your training.

I have instructed this team member on the items checked.

MANAGER SIGNATURE: _____ **DATE:** _____

I have received orientation on the items checked

EMPLOYEE SIGNATURE: _____ **DATE:** _____



VOCABULARY

The language our team members use is intended to produce a more polished and positive consistency among all team members in conversing with our guests.

GENERAL

Preferred

guest, member, golfer
team member
Guest Service
First Tee Host
Player Assistant
Golf Shop
name of restaurant
golf cart
refreshment stand
refreshment cart
refreshment cart host/hostess
practice facility
opportunities
restrooms/comfort stations
instructors
Players Cardholder
WA, Washington
2-Person (Scramble)
Greens Fees
aerification, aerate
flagstick
bunkers (sand, grass, pot)
out of position
hole location
practice green

Avoid Using

customers, players
employee, co-worker
outside service, bag boy
starter
ranger, marshal
pro shop
bar, lounge
cart
hot dog stand
beer cart, beverage cart
cart girl, beer girl
driving range
problems, difficulties
toilet, bathroom
teachers
Players Card Holder
Wa
2-Man (Scramble)
Green Fees
aeration, punch
pin
trap
a hole behind
pin placement
putting green

PHRASING

Preferred

"assisted our guests"

"improved their position"

"How are you doing today?"

"my pleasure/you're welcome"

Use names whenever possible

Avoid Using

"warning a group"

"caught, sped them up"

"How are ya?"

"no problem"

bud, pal, etc.

FOOD & BEVERAGE

Preferred

server

housekeeping

beverage

Server Assistant

Sous Chef

prepared

Avoid Using

waitress

cleaning person

drink

bus boy, busser

assistant chef

cooked

Please consult your manager for further clarification or questions.



STANDARDS TRAINING AND RECOGNITION PROGRAM

STAR PROGRAM

At Oki Golf, guest experience is important. As our company grows, it becomes more and more important to ensure that our guests receive the same exceptional experience at each and every one of our properties.

To reach that goal, we have created a set of Universal Standards for the entire company. Through the Oki Golf Standards, Training, and Recognition (STAR) program, you will be introduced to, trained, rewarded and recognized for your usage and demonstration of your adherence to these Universal Standards.

At the backbone of the Standards Training and Recognition Program is the Oki Golf purpose statement for the STAR program, summarized as a “guest first” focus. This statement reminds us why we are all in the business: for the enjoyment of our guests!

We want you to be excited about serving the more than half-million people that step foot on an Oki Property during the year, and trust that you have as much fun working at Oki Golf as our guests have enjoying our products.

RECOGNITION

The STAR Program will provide rewards to employees who consistently and accurately live out the GUESTS FIRST focus and put our standards in practice.

- Your department heads will be given “STAR cards” to distribute to employees demonstrating our Universal Standards while on the job.
- Every two weeks, these cards will be collected and a drawing will be held at each property.
- If your card is drawn, you can choose from one of three STAR Rewards...

STAR REWARDS

- FREE LUNCHES FOR ONE WEEK
- ONE FOURSOME OF GOLF AT YOUR PROPERTY
- \$25 OKI GOLF GIFT CARD



STAR RECOGNITION CARD
EMPLOYEE NAME: _____
DEPARTMENT: _____
UNIVERSAL STANDARD OBSERVED: _____
DATE: _____
OBSERVED BY: _____



IT PAYS TO HAVE FRIENDS!

TEAM MEMBER REFERRAL PROGRAM

We believe one of the best methods for hiring new team members is through recommending high performing applicants for job openings by current team members. The following policy exists to reward team members for referring qualified candidates.

POLICY

If a current team member* with Oki Golf refers an applicant for employment and that applicant is hired and employed with the company for a minimum of (60) sixty days, in good standing, the referring team member will receive one of the following rewards:

- **Two Guest Passes for Golf (Home Course)**
- **\$100 Oki Gift Card**
- **\$100 Cash**

*The following groups are exempt from participating in the referral program:

- A Human Resources team member
- A team member referring an applicant to work directly for him or herself
- A team member referring a prospective candidate already referred or working temporarily at Oki Golf through a staffing agency
- A team member referring a former Oki Golf team member

PROCEDURE

The current team member completes this form at the end of 60 days, obtains manager’s approval and submits form to Payroll to redeem award of their choice. Requests for referral payment must be submitted within 90 days of eligibility for award.

AWARD OF CHOICE:

New Team Member: _____

Department: _____

Date Hired: _____

Referring Team Member: _____

Signature: _____ Date: _____

Manager: _____

Signature: _____ Date: _____

FOR DETAILS, EMAIL
RECRUITER@OKIGOLF.COM
OR CALL (425) 646-6976.

COURSE INFORMATION *PUBLIC CLUBS*



THE GOLF CLUB AT NEWCASTLE

Capping 350 expansive, hilltop acres, The Golf Club at Newcastle is the premier Pacific Northwest golf course and event destination. The property features 36 holes of championship golf, framed by stunning, panoramic views of Lake Washington, Mt. Rainier, the Olympic and Cascade Mountains, as well as the Seattle skyline. When playing golf in Seattle, no venue offers a more picturesque Pacific Northwest view.



THE GOLF CLUB AT HAWKS PRAIRIE

The Golf Club at Hawks Prairie, located just a few miles north of Washington's state capitol, is one of the most unique 36-hole golf facilities in the Pacific Northwest. Outstanding course conditions at both courses, The Links and The Woodlands, and exceptionally friendly golf team members make it one of the best values in the South Sound.



TROPHY LAKE GOLF & CASTING

From its quaint, fishing lodge-style clubhouse to its celebrated golf course, Trophy Lake Golf & Casting is a magnificent collaboration of nature and design, capturing the spirit and tradition of the Northwest. The celebration of two of the region's most popular activities—golf and fishing—enhance the experience and create a resort feel that allows guests to truly escape and enjoy.



WASHINGTON NATIONAL GOLF CLUB

Washington National Golf Club is the proud home to the University of Washington's Men's and Women's golf teams. The focus of the Home of the Huskies is the golf experience and the world-class course, comprehensive practice facility, and exceptional service make Washington National a popular destination for tournaments, group outings, and recreational golfers.



HARBOUR POINTE GOLF CLUB

Harbour Pointe Golf Club provides guests with a challenging and varied golf experience by offering two distinctly unique nines. The front nine winds through wetlands with water in play on every hole, while the back nine is set among rolling hills, framed by imposing Evergreen trees.



THE GOLF CLUB AT REDMOND RIDGE

The Golf Club at Redmond Ridge is the essence of golf in the Seattle area. Located 20 miles from Seattle, the golf course layout blends the natural beauty of the area and carefully preserved wetlands.

COURSE INFORMATION *PRIVATE CLUBS*



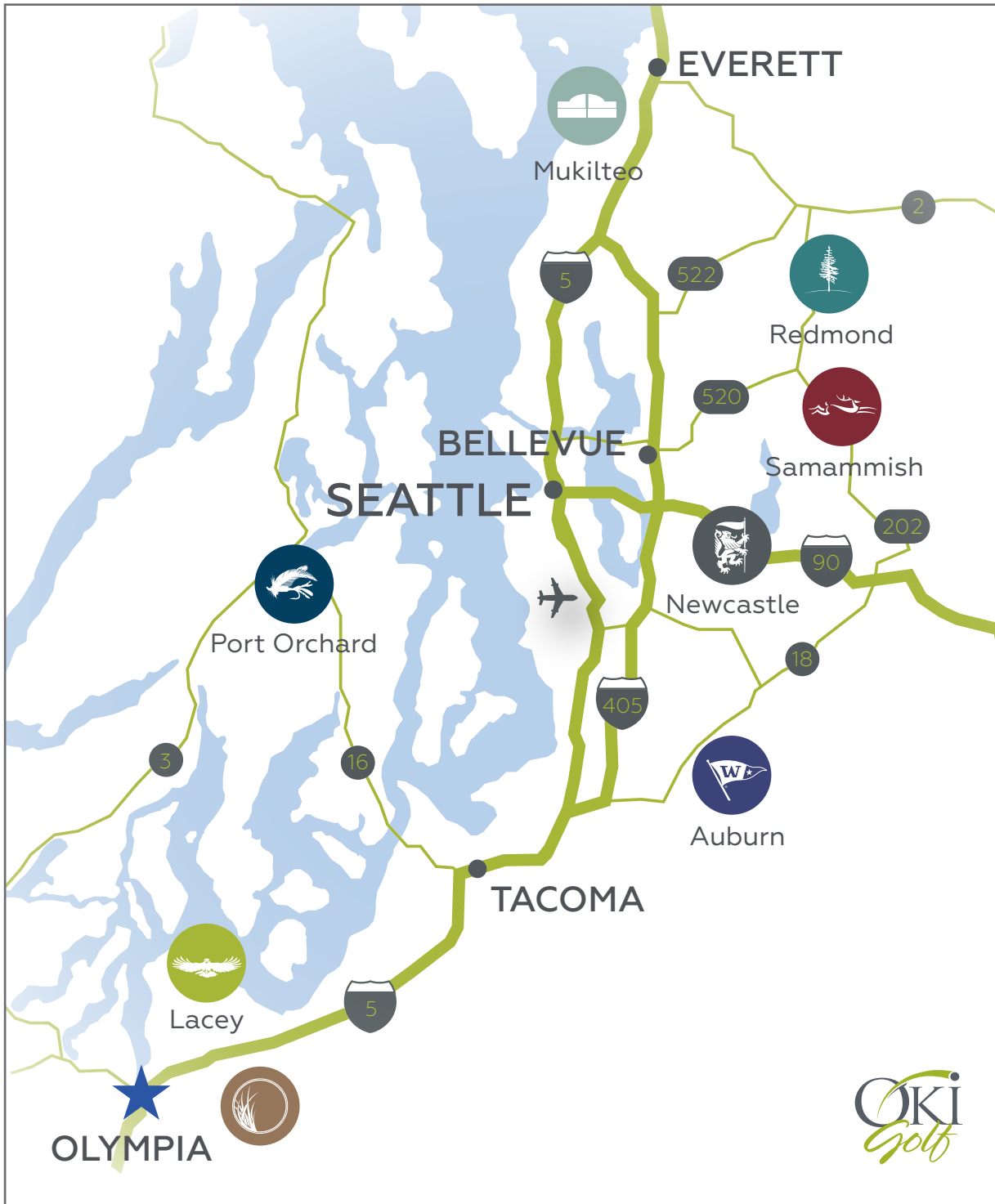
INDIAN SUMMER GOLF & COUNTRY CLUB

Consistently ranked among the Northwest's elite semi-private golf clubs, Indian Summer Golf & Country Club features an award-winning golf course known for its course conditions and an elegant, 33,000 square foot clubhouse with gourmet dining. The club provides its members/guests with a relaxed and friendly country club environment enriched by one of the area's outstanding golf experiences.



THE PLATEAU CLUB

Located on the Sammamish Plateau, The Plateau Club features a challenging, picturesque 18-hole golf course, an extensive event calendar, and a full-service recreation center featuring a competition-sized pool. The family-focused community offers a combination of traditional country club amenities along with a service team that caters to the distinct needs of its members and their guests.



CLUB LOCATIONS

OKI GOLF HOME OFFICE
 1416 112th Ave. N.E.
 Bellevue, WA 98004

HARBOUR POINTE GOLF CLUB
 11817 Harbour Pointe Blvd
 Mukilteo, WA 98275

THE GOLF CLUB AT REDMOND RIDGE
 11825 Trilogy Parkway NE
 Redmond, WA 98053

THE PLATEAU CLUB
 25625 E. Plateau Drive
 Sammamish, WA 98074

THE GOLF CLUB AT NEWCASTLE
 15500 Six Penny Lane
 Newcastle, WA 98059

TROPHY LAKE GOLF & CASTING
 3900 SW Lake Flora Rd
 Port Orchard, WA 98367

WASHINGTON NATIONAL
 14330 SE Husky Way
 Auburn WA 98092

THE GOLF CLUB AT HAWKS PRAIRIE
 8383 Vicwood Lane
 Lacey WA 98516

INDIAN SUMMER GOLF & COUNTRY CLUB
 5900 Troon Lane SE
 Olympia, WA 98501