

DELTA DAYLIGHTING APPLICATION

Delta Daylighting LLC
2832 Appelt Drive
Houston, TX 77015
(832) 303-7980

AUTHORIZATION (Sign and Date Below)

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer has been extended.) **I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I understand that false or misleading information given in my application or interview (s) may result in discharge.** I understand, also, that I am required to abide by all rules and regulations of _____. I understand that information I provide regarding current and/or previous employers may be used, and those employer (s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

PERSONAL INFORMATION: Please Print CLEARLY. Please list all addresses for past 3 years.

LAST NAME APELLIDO _____			FIRST NAME NOMBRE _____			MI _____		
STREET ADDRESS DIRECCION _____			CITY CIUDAD _____			STATE _____		
NO. _____			ZIP _____					
STREET ADDRESS DIRECCION _____			CITY CIUDAD _____			STATE _____		
NO. _____			ZIP _____					
() -- _____			() -- _____					
HOME PHONE TELEFONO _____			ALT. PHONE OTRO TELEFONO _____					
--- --- _____			/ / _____					
SOCIAL SECURITY SEGURO SOCIAL _____			DATE OF BIRTH FECHA DE NACIMIENTO _____					
LICENSE NUMBER _____			STATE _____			CLASS _____		
			EXPIRATION DATE _____			<input type="checkbox"/> CDL		

DRIVING EXPERIENCE

Type of Equipment <i>TIPO DE EQUIPO</i>	Years of Experience <i>AÑOS DE EXPERIENCIA</i>	Years/Miles Driven <i>MILLAS MANEJADAS</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ACCIDENT RECORD *(Previous Three Years)* *ACCIDENTES*

Accident Dates	Type of Accident	Fatalities	Injuries
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

TRAFFIC CONVICTIONS *(Previous Three Years)* *CITACIONES*
(Excluding parking violations)

Location	Date	Charge
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

LICENSE AND CRIMINAL BACKGROUND

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

☐ YES ☐ NO

B. Has any license, permit or privilege ever been suspended or revoked?

☐ YES ☐ NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

Have you ever been arrested and/or convicted of a misdemeanor or felony?

☐ YES ☐ NO

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered. _____

EMERGENCY CONTACT: _____

PHONE: (____) _____ RELATIONSHIP: _____

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)
Applicant Authorization to Release DOT Drug/Alcohol Test Results/Release Safety Performance History
(As required by 49 CFR Parts 40.25 and 391.23)

SECTION A – TO BE COMPLETED BY DRIVER APPLICANTS ONLY – PLEASE PRINT CLEARLY

Applicant Name:		SS#:	Date of Birth:	
I, as the Applicant named above, hereby authorize the previous employer listed below to release information from my Department of Transportation regulated drug and alcohol testing records and safety performance history outlined in Section C to <u>DISA Global Solutions, Inc.</u> on behalf of _____ in accordance with 49 CFR Part 40.25 and 391.23.				
Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment
<input type="checkbox"/> Check this box if you have NOT performed DOT functions in the past three years.				
Applicant Signature:		Date:		

SECTION B – TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Company: <u>Delta Daylighting</u>	Address: <u>2832 Appelt Dr.</u>	City/State/Zip: <u>Houston, Tx 77015</u>
Contact: <u>David Figueroa</u>	Phone #:	Fax #: <u>832-383-1804</u>
In accordance with 49 CFR Part 40.25, we are obligated to request the information below from all previous employers of the applicant that employed him/her within the 3 years preceding the date above. Please complete the information below and return to us immediately, as required by 49 CFR Part 40. Please phone/fax/mail or email the following information to: <p style="text-align: center;">DISA GLOBAL SOLUTIONS, INC Attn: Verifications, 10900 Corporate Centre Drive Suite 250, Houston, TX 77041 Phone: 281-673-2449 Fax: 713- 972-3424 E-mail: Verifications_backgrounds@disa.com</p>		

SECTION C – TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this individual had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2. Has this individual had verified positive drug tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3. Has this individual refused to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4. Has this individual had other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5. Did a previous employer report a drug or alcohol rule violation to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process? If yes, you must provide the records concerning the result, violation and/or return-to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
8. Did the above-named individual drive a commercial motor vehicle (CMV) for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9. Please provide dates employed: _____ to _____				
10. Reason for leaving your company: <input type="checkbox"/> Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Military Duty <input type="checkbox"/> Other (specify): _____				
11. While a CMV driver for you, was the individual involved in any accidents as defined in 390.5? If yes, please supply the following information for any accident on your accident register (390.15(b)) that involved the above named individual for the three (3) years prior to the date next to their signature.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Date	Location	# of Injuries	# of Fatalities	Hazmat Spill?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Enclosed is other accident information pursuant to the employer's internal policies, or reports required by state or other government entities or insures, for retaining more detailed minor accident information (391.23(d)(2)(ii)).
--

Name (Please Print):	Title:
Signature:	Phone#: Date:

****Please Return To: DISA Fax# 713-972-3424**

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Contact: <u>Daniel Figueroa</u>	Phone #:	Fax #: <u>832-383-1804</u>
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3.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name (Please Print):	Title:
Signature:	Phone#: Date:

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1.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<input type="checkbox"/> Enclosed is other accident information pursuant to the employer's internal policies, or reports required by state or other government entities or insures, for retaining more detailed minor accident information (391.23(d)(2)(iii)).					

Name (Please Print):	Title:
Signature:	Phone#: Date:

****Please Return To: DISA Fax# 713-972-3424**

A reproduction of this form shall be deemed as effective and valid as an original. (Rev. 06/17)

Form W-4 (2018)

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

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

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

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

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

General Instructions

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

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

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

Line C. Head of household please note:

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

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

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

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.)					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	



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

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

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<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. (See instructions)
<p>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.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<div>QR Code - Section 1 Do Not Write In This Space</div>
Signature of Employee Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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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		<div>Additional Information</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title		<div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

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

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

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

Intuit QuickBooks Payroll



Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 type: ☐ Checking ☐ Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account)

Account 2 type: ☐ Checking ☐ Savings

Bank routing number (ABA number): _____

Account number: _____

attach a voided check for each account here

Authorization (enter your company name in the blank space below)

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____ Employee ID #: _____

Print name: _____ Date: _____



Office: 832.303.7980
Fax: 832.383.1804

I _____, understand that I will be issued uniforms by Delta Daylighting and agree to have a uniform deposit withheld from my earnings. This deposit will be \$25.00 per check for (24) consecutive checks for a total uniform deposit of \$600.00.

Once I receive my uniforms I understand that a uniform maintenance fee of \$5.00 per paycheck will be deducted out of my earnings. This maintenance fee will cover the laundering and other general maintenance of my uniforms and will be my responsibility while employed and using the company issued uniforms I am provided.

I also understand and agree that upon termination or resignation from Delta Daylighting, all company issued uniforms must be returned in order for my Uniform Deposit to be reimbursed in full. Any missing items will be deducted from my deposit at current market value. In the event that missing uniform value exceeds the deposit amount the remainder will be deducted from my last payroll check.

Employee Printed Name _____ Date: _____

Employee Signature _____

Supervisor's Signature _____ Date _____

Office: 832.303.7980
Fax: 832.383.1804
Date: July 27, 2018

Policy Regarding Employee Timesheet and Accountability

- In order to accurately track and pay employees for work conducted as an employee of Delta Daylighting, weekly timesheets must be filled out accurately and turned in to supervisor, NLT 12pm every Monday, for the week prior.
- Failure to do so will result in employee receiving a hard check, as the delay caused by failing to properly submit, results in a delayed direct deposit schedule.
- Timesheets are to be filled out daily, either on-line or via a DDL provided phone application.
 - DDL will be purchasing a phone application for time card use. Once this occurs, each employee will be required to download and use this app only, for daily timesheet fillout. This will be the only timesheet used at that point.
- Time will be compared to daily work tickets. Delta will pay up to, but not to exceed, 30 minutes before and after the "Shop Departure/Arrival" time listed on service tickets. As stated in the per diem policy and service ticket policy, Delta will only allow 1 hour of portal to portal time to and from job site.
 - This 30 minutes of additional time is to cover the daily pre/post trip inspections.
- If the employee is working in the shop, DDL start time is no earlier than 6am, unless otherwise directed in order to depart for mobilizing to a job site.
- Under no circumstances will an employee work more than 8 hours a day on shop time, or work on shop time at overtime rates (already over 40 for the week).
- Shop time will only be given to accomplish maintenance, cleaning and other work related activities, and only to the number of people required to conduct them.
- If you have any questions, please contact your Supervisor or Operations Manager.

By signing this form I acknowledge that I have read and understand the company's policy in regards to per diem rates.

Printed Name _____ Signature _____

Date _____

2832 Appelt Dr. Houston, TX 77015

www.deltadaylighting.com

Office: 832.303.7980
Fax: 832.383.1804
Date: July 27, 2018

Policy Regarding Employee Credit Card Use

- During the conducting of business it may be determined that it would be beneficial for employees to have the use of a company provided credit card.
- It is important to understand that it is a privilege and not a right.
- Miss-use or failure to follow the policy will result in removal of this use.
- Credit cards will only be used by the person to which it is issued.
- All receipts will be scanned or captured as a picture and turned into supervisor NLT COB every Friday.
 - Repeated failure to do so will result in the loss of Credit Card privileges.
- Credit Card will only be used to purchase maintenance and job related items
- Credit Card will NOT be used for ANY personal items or to cover any per diem charges. It will not be used for anything not related to the job.
 - Amegy bank cards – These cards should be used strictly for incidentals required for the day-to-day operation of Delta Daylighting. Any purchase over \$500 should be approved by their immediate supervisor. These cards should not be used for personal purchases of any kind. If this card is accidentally used for a personal purchase, immediately notify your supervisor and they will inform you of the steps to take.
 - Fuel Cards – Fuel cards that are issued are for fueling and purchasing required maintenance for Delta Daylighting vehicles only. They are not to be used to fuel personal vehicles nor purchase non-fuel or non-maintenance products. If this card is accidentally used for a personal purchase, immediately notify your supervisor and they will inform you of the steps to take.
 - Prepaid cards – From time-to-time, prepaid cards may be issued for certain jobs. These cards are to be used in the same manner of the Amegy bank card or fuel card. They are not to be used for personal purchases that are not related to the company. If this card is accidentally used for a personal purchase, immediately notify your supervisor and they will inform you of the steps to take.
- If you have any questions, please contact your Supervisor or Operations Manager.

By signing this form I acknowledge that I have read and understand the company's policy in regards to per diem rates.

 Printed Name Signature

Date _____

2832 Appelt Dr. Houston, TX 77015



Policy Regarding Per Diem

- During the conducting of business it may be determined that it would be beneficial for employees to stay on-site.
- If you are required to stay on-site, you will be provided with a Per Diem (per day) rate of \$125 per day. \$75 for lodging and \$50 for meals
- The Per Diem is intended to pay for lodging and meal expenses accrued during the course of that day.
- Depending on the time of day your leaving depends on your per diem. After 5:00pm with the early part of the day spent off the clock you will be paid \$75 for lodging only. If you are out of town at the time and are headed back early and arrive before 11:00 pm the same day \$50 will be paid for meals that day.
- It is up to the employee to ensure that their lodging and meals do not exceed the Per Diem rate.
- If lodging and/or meals do exceed the Per Diem rate of \$125, **IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO PAY ANY AND ALL COSTS OVER THE PER DIEM RATE OF \$125 PER DAY.**
- If you have any questions, please contact your Supervisor or Operations Manager.

By signing this form I acknowledge that I have read and understand the company's policy in regards to per diem rates.

Printed Name

Signature

Date