

**UNITED STATE OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD**

**LOCAL 340, NEW YORK NEW JERSEY REGIONAL  
JOINT BOARD**

**and**

**Case No. 02-CB-069460**

**BROOKS BROTHERS, A DIVISION OF RETAIL  
BRAND ALLIANCE, INC.**

**DECLARATION OF THOMAS M. MURRAY, ESQ.**

Thomas M. Murray, under penalty of perjury, declares as follows:

1. I am an attorney-at-law licensed in the State of New York, and a partner of the law firm of Kennedy, Jennik & Murray, P.C., with offices in New York, NY.
2. I make this declaration in support of the Opposition to the General Counsel's Petition and in support of the Petition for Reconsideration of the Board's Denial of the Request for Review in Case No. 02-UC-062745 of the New York-New Jersey Regional Joint Board (hereinafter "Joint Board.")
3. As of the last day of the hearing in Case No. 02-UC-062745, the Petitioner, Brooks Brothers, a Division of Retail Brand Alliance, Inc., (herein, "Brooks Bros."), had not completed production of documents the Joint Board subpoenaed for the hearing. The Region adjourned the hearing pending the production of documents. The Regional Director denied the Respondents' request for further hearing days and closed the hearing, but admitted twenty-one (21) documents the Respondents proposed it would introduce at further hearing days. These documents were supposed to be entered into the record as Union Exhibits 40 through 60. (See Regional Director's Order Admitting Union Exhibits Into Evidence and Closing Hearing, dated

October 13, 2013, attached as Exhibit A.)

4. Respondents' related unfair labor practice charges in Case No. 02-CA-063650 were still pending in January 2016. The Region had requested that Respondent provide a position statement in support of the outstanding charges. In the position statement, I cited to some of the documents that the Regional Director ordered admitted after the close of the hearing in Case No. 02-UC-062745 as described in ¶ 3 above.

5. Rachel Feinberg, the agent assigned to the charges, replied by email to the position statement on January 19, 2016 with a request by the Regional Director for additional information. In that email, the board agent stated:

Your position statement references Union Ex. 52 and RD Ruling 723-14 p. 5; as to the former, we are unable to find such an exhibit in the record and, as to the latter, your citation is insufficient to direct the Region to the correct document referenced.

6. Because I cited extensively to many of the documents in evidence as Union Exhibits 40 through 60 in my brief to the Regional Director at the close of the UC hearing, as well as in the Brief in Support of the Request for Review, I was concerned that the absence of Union Exhibit 52 from the record suggested that none of Union Exhibits 40 through 60 were entered into the record. I replied by letter to the Regional Director the same day, on January 19, 2016, and stated as follows:

With regard to Ex. 52, the Hearing Officer admitted this document, along with twenty (20) additional exhibits, in an order dated October 25, 2013. In that order, the Hearing Officer denied the union's request for additional hearing days, thereby closing the hearing, and admitted the 21 documents into evidence. I have attached a copy of the Order to this letter as Ex. A. Ms. Feinberg's admission that the Region was unable to find Ex. 52 in the record suggests that none of the 21 documents that the Hearing Officer admitted in the Order were ever included in the record. Inasmuch as these exhibits were critical to a determination of accretion, the omission of these documents from the record would seriously have prejudiced the Union's case.

7. I have not provided copies of the documents cited in paragraphs 4-6 above because these documents are confidential documents concerning the investigation of the Joint Board's unfair labor practice charges and contain references to specific employees and their protected, union activities.

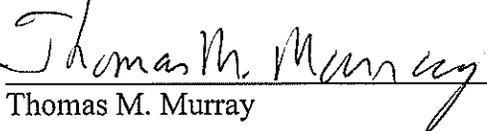
8. When I later spoke to Ms. Feinberg to ask when I would get an answer about the exhibits, she replied that had made a mistake. She stated that she had spoken to someone in the Region and that the exhibits had been admitted into the record and she had not looked in the correct place.

9. Because I was not satisfied with the answer, I filed a FOIA request regarding the exhibits in the record to attempt to determine when Union Exhibits were entered into the record. Specifically, the purpose of my FOIA request was to determine if the exhibits had been entered into the record by the time the Board decided the Respondent's Request for Review or if the exhibits had been entered into the record after my conversation with Ms. Feinberg as described in paragraph 7 above.

10. I received a response from the FOIA officer assigned to my FOIA request on October 25, 2016 in which she advised me that Union Exhibits 40-60 in Case No. 02-UC-062745 had not been entered into the record at all. I have attached the response hereto as Exhibit B.

11. I have attached hereto as Exhibit C the documents the Region was supposed to entered into the record as Union Exhibits 40-60 in Case No. 02-UC-062745.

Dated: November 3, 2016  
New York, NY

  
Thomas M. Murray

# **Exhibit A**

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
REGION 2

BROOKS BROTHERS,  
A DIVISION OF RETAIL BRAND ALLIANCE, INC.,  
Petitioner

And

02-UC-062745

LOCAL 340 AND LOCAL 25,  
NEW YORK, NEW JERSEY REGIONAL JOINT BOARD,  
Union<sup>1</sup>

ORDER ADMITTING UNION EXHIBITS  
INTO EVIDENCE AND CLOSING HEARING

Recent Procedural History

On May 29, 2013, the hearing in this matter was adjourned, *sine die*, to allow the Union to seek a ruling to enforce *subpoena duces tecum* B-570543 and to provide the Petitioner, herein referred to as the Employer, additional time to complete production of documents related to subpoena B-707258, namely the work schedules for a certain period of time for the New York City stores and unspecified emails from David Warren, the Regional Merchandising Manager for New York City and the Visual Director, Paul Sadowski.<sup>2</sup>

By letter dated August 6, 2013, the Union requested a ruling enforcing paragraphs 1 and 3 of *subpoena* B-570543. In its request, the Union contended additional testimony and evidence were needed. In a letter dated August 8, 2013, the Employer opposed the Union's requests.

On August 15, 2013, by email, the Union submitted proposed Exhibits Nos. 40 through 60. By letter dated August 20, 2013, the Employer objected to the admission of proposed Union Exhibits Nos. 50 through 60 and opposed additional testimony.

I address these matters below.

Exhibits Offered by Union for Admission

By email dated August 15, the Union offered into evidence exhibits marked 40 through 60. Union counsel stated that exhibits 50-60 "are more appropriate for a subpoena record hearing or hearing for spoliation sanctions, inasmuch as they are from nearly two

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<sup>1</sup> Locals 340 and 25 are collectively referred to herein as "the Union."

<sup>2</sup> The Union has not specifically claimed that the Employer failed to produce these documents.

years after the store opened and, therefore, outside of the relevant time period for which the NLRB will have to determine the accretion question.”

Contrary to my order dated July 23, the Union did not submit argument with the proffered documents regarding their relevance. However, in its prior submission to me dated August 6, the Union argued for admission of the exhibits it now proffers and for additional testimony. I will rely on the Union's arguments therein.

By letter dated August 20, the Employer did not object to the admission of Union Exhibits 40 through 49 and those exhibits are hereby admitted.<sup>3</sup>

The Union Exhibits marked 50 through 60 are a series of emails sent in 2013 pertaining to the store at 1180 Madison Avenue. These exhibits are briefly described below.

Union Exhibit 50 is a series of emails between David Warren, the New York City Regional Merchandise Manager and Jefferson Healey, the Visual Coordinator at 1180 Madison Avenue, pertaining to the choice of props and artwork for the store at 1180 Madison Avenue.

Union Exhibit 51 is an email from Ilias Alafris, the Regional Store Planner Central/NYC Region, to Chris Ortiz, the CEO at 1180 Madison Avenue, David Warren and Jefferson Healy listing “Gatsby” clothing items. In addition, there is another email from Kathryn Knight-Wise, the NYC Regional Vice-President/GM Madison Avenue, to various managers announcing the date and time of the “Madison Avenue Gatsby Party.”

Union Exhibit 52 is a series of emails between David Warren and Nancy Kochan, a corporate visual manager, pertaining to the ordering of artwork for 1180 Madison Avenue.<sup>4</sup>

Union Exhibit 53 is an exchange of emails between David Warren and Brooks stores announcing the availability of mannequins and the affirmative response of Jefferson Healey on behalf of the store at 1180 Madison Avenue.

Union Exhibit 54 is an email request from David Warren to Jefferson Healey for photos of his “Gatsby” windows.

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<sup>3</sup> In the letter dated August 6, the Union described Union Exhibit 40 as a printout containing the date of hire for all employees hired for “the date the store opened” until the date the document was produced. Presumably the document refers to the store at 1180 Madison Avenue. Union Exhibits 41-49 contain the personnel files of the following employees: Maria Fernandez (41); Susan Timler (42); Valerie Browne (43); Willie Joyner, III (44); Joshua Garcia (45); Serena Simpson (46); Charles Hix (47); Kendall Donaldson (48); and Judith Parnes (49). Information in these files is heavily redacted without objection.

<sup>4</sup> In one of these messages, Warren states that he just cleaned out his store files because his mailbox was full.

Union Exhibit 55 is a request from Marisa Moore (title unknown) to David Warren seeking the participation of Jefferson Healey regarding the opening of a new women's store in Hackensack, New Jersey.

Union Exhibit 56 is an exchange of emails between David Warren and Jefferson Healey concerning the use of a bicycle prop and the Father's day window displays at 1180 Madison Avenue.

Union Exhibit 57 is a series of emails between Jefferson Healey, Jill Wing (title unknown) and David Warren concerning the use and inventory of props sent to 1180 Madison Avenue.

Union Exhibit 58 is comprised of emails from David Warren to stores and to the CEO of 1180 Madison Avenue, Chris Ortiz, concerning the impending delivery of signage.

Union Exhibit 59 is an exchange of emails between David Warren and Joe McGinty (title unknown) regarding the scheduling of Mohammed, a Union driver, to transport props from the flagship store at 346 Madison Avenue to 1180 Madison Avenue and to the Lincoln Center store.

Union Exhibit 60 is a string of emails involving David Warren, Anne Alocer (title unknown), Mike Kelly, the manager of store operations, and Mel Walls, the Director of Labor Relations and Associate Relations, pertaining to the use of two employees and non-union employees for the expansion/reopening of the store at 1180 Madison Avenue.

The Union seeks to recall David Warren, the New York City Regional Merchandise Manager to establish that the above emails reflect the operations and interchange by the Employer during the relevant period of time. The Union further argues that Union Exhibit 59 is significant because it shows the Employer planned to use a unit employee, Mohammed, to move props between stores, evidence which the Union claims is critical to showing employee interchange and interrelation of operations.

The Employer objects to the admission of the Union Exhibits 50 through 60 because it avers the Union is offering the documents primarily to show the Employer has not complied with the *subpoena*, a finding rejected by the Hearing Officer and the Regional Director. Further, the Employer argues, in effect, that the Union waived its right to examine whether the Employer used Mohammed or other employees to transfer material between stores by failing to subpoena Mohammed or to examine David Warren and Mike Kelly concerning this issue. Notwithstanding the Union's failure to act, the Employer contends that such testimony would be irrelevant and immaterial to the accretion issues at bar.

I find that Union Exhibits 50 through 60 provide some insight to the functional relationship between corporate officers and the New York stores of the Employer, including the store at 1180 Madison Avenue, and therefore are relevant to accretion

issues raised at bar. Accordingly, I admit Union Exhibits 50 through 60 solely for those purposes and not for consideration of whether the Employer has complied with any subpoenas issued in this case.

#### Union Request for Additional Testimony

By letter to me dated August 6, the Union stated that it would seek to recall the following witnesses: Mike Kelly, the manager of store operations; Alfredo Raffaele, the manager of the tailors; David Warren, the Regional Merchandise Manager for New York City; and possibly Carolyn Hallisey, the former Regional Vice-President for New York City, to testify. The Union further noted that it may need to subpoena Joe McGinty to testify as well.

By my decision dated July 23, I held that the Union must demonstrate the need for further testimony by showing the proffered testimony: (1) related to the names on the documents produced by the Employer on June 11 that were redacted or to other documents produced by the Employer after the hearing adjourned on May 29; (2) would be probative with respect to the issue at bar; and (3) the reasons set forth are clearly supported by explicit references to the record.

The Union contends that it is necessary to recall managers Mike Kelly and Alfredo Raffaele to refresh their memories with respect to establishing the date Maria Fernandez was hired and to show that Gloria Villacis was hired with the intent to assign her as a regular tailor to 1180 Madison Avenue. Presumably, the Union seeks to show that the hiring and assignment of these employees was done by central management in or about the time the store at 1180 Madison Avenue was opened.

The record of new hires at 1180 Madison Avenue (Union Exhibit 40) and the personnel file of fitter/tailor Maria Fernandez (Union Exhibit 41) show that Ms. Fernandez was hired on May 5, 2011. All documents in the personnel file reference store #6164, the store at 1180 Madison Avenue, and no other store. The earliest work schedule for tailors with respect to the store at 1180 Madison Avenue contained in Employer Exhibit 2 shows that Fernandez was working at 1180 Madison Avenue at least as of May 29, 2011.

Union Exhibit 40 shows that Dewan Uddin was hired and began work at 1180 Madison Avenue on May 25, 2011,

Michael Kelly, the manager of store operations, testified that tailors from other stores, including Gloria Villacis, were temporarily rotated into 1180 Madison Avenue until the permanent CEO, Monica Portier, was hired. Kelly testified that the first tailors hired to work permanently at 1180 Madison Avenue were Maria Fernandez and Dewan ("John") Uddin, though he could not recall their dates of hire.

The manager of the tailor shop, Alfredo Raffaele, testified that he interviewed Maria Fernandez and advised Carolyn Hallisey that Fernandez was qualified for the job. Raffaele could not recall the date Fernandez started at 1180 Madison Avenue. With

respect to fitter/tailor Gloria Villacis, Raffaele testified that she agreed to work at 1180 Madison Avenue when it opened and then returned to the flagship store at 346 Madison Avenue sometime later.

My review of the newly-admitted Union Exhibits (Nos. 40-60) did not reveal any evidence pertinent to the hiring or assignment of fitter/tailor Gloria Villacis. Nor has the Union argued that any of these exhibits would reveal the "intent" of the Employer regarding the nature of her assignment to the store at 1180 Madison Avenue.

The dates of hire of Maria Fernandez and Dewan Uddin were not disputed by the Employer or the Union. Furthermore, none of the newly-admitted Union Exhibits show any purported plan by the Employer to assign Gloria Villacis permanently to 1180 Madison Avenue. Therefore, the Union's request to recall managers Michael Kelly and Alfredo Raffaele for these purposes is denied.

The Union contends that Carolyn Hallisey and/or Michael Kelly need to be recalled to "explain the process for filing the paperwork" of the new hires at 1180 Madison Avenue. Ostensibly, the Union seeks to show by Hallisey and Kelly that the pay and benefits of new hires were established by central management and not by the fill-in CEOs at 1180 Madison Avenue. In this regard, the Union seeks to question Hallisey and Kelly concerning the newly-admitted personnel files, Union Exhibits 41-49.

Carolyn Hallisey, the former Regional Vice-President of New York City, testified that Jill Washington, a temporary CEO at 1180 Madison Avenue discussed the terms and conditions of employment with the staff that was transferred there during the opening weeks of the store and that Michael Kelly later determined the terms and conditions for the new hires at 1180 Madison Avenue based on company pay bands.

Kelly, the manager of store operations, was recalled to testify specifically about this issue on February 7. Kelly testified that he did not have a direct role in setting the salary and commission rates for the employees at 1180 Madison Avenue when it opened. Kelly stated that it was his understanding that such matters were a result of a collaborative effort by management based on the company salary bands for non-union stores and that the commission set, 7-7 1/4 %, was the standard for a non-union store. Kelly further stated that the permanent CEO of the store, Monica Portier, began working at 1180 three weeks after it opened and that she determined the pay and benefits of the employees at the store from that point forward.

The Employer argues that the record clearly establishes that inasmuch as the permanent CEO of the store at 1180 Madison Avenue was not in place during its opening, others managers covered the store on an ad hoc basis and assigned, trained and hired employees until the permanent manager, Monica Portier, assumed control of the store. The Employer further argues that no new evidence has been presented that would contradict those facts and therefore objects to the recall of Hallisey and Kelly based simply on the documents proffered by the Union, which were admitted herein.

I find no basis for recalling Hallisey and Kelly to testify about the manner in which the compensation and benefits were initially determined for the employees at 1180 Madison Avenue. They both testified that they did not have any direct involvement in setting the terms and conditions of employment for these employees and, more importantly, none of the exhibits offered by the Union and admitted herein contradict their testimony or offer new insight into the issue.

Citing a company email dated March 5, 2013, the Union contends that manager Michael Kelly and David Warren, the New York City Regional Merchandise Manager, should be recalled to testify concerning the use of a unit van driver, "Mohammed," to transfer goods and material between stores. The Union argues such testimony is "critical" to showing employee interchange and the interrelation of its operations.

In response, the Employer argues: (1) the record shows the Union was aware of this issue as early as October 10, 2012, and thereafter failed to question either Michael Kelly or David Warren about these activities or to subpoena Mohammed to testify; (2) the email dated March 5 shows, at most, only an isolated request for deliveries by Mohammed; and (3) the real purpose of the Union's request is to probe the sufficiency of the Employer's email subpoena production, an issue already decided by the Regional Director adversely to the Union.

My review of the subpoena record of October 10, 2012, clearly shows that the Union was aware that a unit van driver may have made deliveries of material or other goods to or between stores. Yet the Union did not call the driver to testify or question management witnesses closely, if at all, about this issue and now wishes to do so based on an email dated March 5, 2013, two years after the store at 1180 Madison Avenue opened.<sup>5</sup> As noted above, the record contains this email, marked and admitted as Union Exhibit 59. The email in question raises no new issues and I find that no testimony about this matter is warranted. Thus, the request by the Union to recall Michael Kelly and David Warren to testify about this email is denied as is the request to subpoena Joe McGinty.

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<sup>5</sup> The Union did not state the date it received the email from the Employer or whether any names or other information were originally redacted from the email.

Subpoena Duces Tecum No. B-570543

Paragraph Nos. 1 and 3 of *subpoena duces tecum* B-570543 request:

1. All emails, communications, memos, letters or notes between and manager or supervisor at the 1180 Madison Avenue and any supervisor, manager or executive at the Employer's corporate offices in Enfield, CT or New York, NY, concerning any labor relations matter, scheduling of work hours, work site or training of any employee, contractor, consultant, freelance worker, or temporary agency employee regularly or temporarily scheduled to work at the 1180 Madison Avenue.
3. All calendars, schedules, resumes, applications for employment and any other documents showing the names, dates, times and places of interviews of any individuals seeking employment conducted by Jill Washington or Carolyn Halesy for any store or facility covered by the geographic area covered by the collective bargaining agreement for the period June 1, 2010 to the present.

On November 13, 2012, Hearing Officer Feinberg heard argument as to whether the Employer should be compelled to produce the information sought in Items 1 and 3 above. At that time, the Hearing Officer limited the production of documents in paragraph 1 of the *subpoena* to the exchange of "decisional" documents between the management of the store at 1180 Madison Avenue and its corporate offices pertaining to employees at 1180 Madison Avenue and other stores represented by the Union. (Tr. 10-17, 34-36). Hearing Officer Feinberg further refused the Union's requests for the production of documents of nonemployees. With regard to paragraph 3, the Hearing Officer restricted production of documents to decisional documents regarding applicants considered for hire at 1180 Madison Avenue. (Tr. 48-56).

By order dated January 23, 2013, the rulings by Hearing Officer Feinberg with respect to paragraphs 1 and 3 of *subpoena duces tecum* B-570543 were upheld by the Regional Director.

For the first time, in its submissions dated June 6 and August 4, 2013, the Union argues that the Employer "made no effort" to comply with paragraphs 1 and 3 of *subpoena duces tecum* B-570543, stating that it did not produce emails between the store managers at 1180 Madison Avenue and corporate management.<sup>6</sup> The Union further asserts that these emails may be probative. In support of this contention, the Union

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<sup>6</sup> In an email dated April 19, 2013, which is not part of the record but copied to me, counsel for the Employer sent the Union a batch of emails and informed Union counsel that the emails were the result of a review of "any employee at 1180 Madison Avenue, all managers that worked at 1180 Madison Avenue, the words 1180 and 6164 (the store code) and Carolyn Hallisey."

While I do not rely on this email as proof of the Employer's compliance with *subpoena* B-570543, I note that the position taken by counsel for the Employer is entirely consistent with its position of compliance with respect to *subpoena* B-707258.

attached an email dated May 30, 2012, from an employee (name redacted)<sup>7</sup> to the manager of the store at 1180 Madison Avenue at the time, Cara Sagarese, which showed that training manager Jill Washington discussed hours of employment and benefits with newly-hired employees. The Union asserts that any such conversations are "highly probative" to the accretion issues at bar, i.e., interchange, common supervision, and centralized control of labor relations. Yet at no time during the hearing did the Union call for production of paragraph Nos. 1 and 3 of *subpoena duces tecum* B-570543 or claim that the information had not been produced.

Carolyn Hallisey, the former Regional Vice-President of New York City, was called by the Union to testify on February 5, 2013. Hallisey testified that the Employer changed its mode of operation to give store leaders or "CEO's" more authority to manage their stores and that this change took place in or about the time the store at 1180 Madison Avenue opened, which was in February 2011. At that time, Hallisey stated that the store had a succession of temporary managers, including Jill Washington, until the permanent CEO, Monica Portier, was hired on March 23, 2011. Initially, employees were transferred from other stores until Portier took over and continued to receive Union wages and benefits. Hallisey stated that the new employees hired to work at 1180 Madison Avenue were informed of their terms and conditions of employment by Jill Washington and that she thought their benefits were determined by Mike Kelly based on company salary bands, commission rates for non-union stores, and the benefits set forth in the Human Resources manual.

Jill Washington testified on February 7, 2013. Washington graduated from the Employer's "CEO University" in January 2011 and is the CEO of the men's tailored goods department on fourth floor of the store at 246 Madison Avenue. Washington also coordinates vendor training and interviews applicants for New York City stores. Washington was questioned extensively concerning her interview notes, Union Exhibit 17, which were admitted into evidence. Washington stated that she did not discuss wages or other benefits with applicants but did so for her own staff at 346 Madison Avenue. In late March 2011, Washington stated that she conducted registry training for six new employees who worked at 1180 Madison Avenue.

The Union did not call for production of paragraphs 1 and 3 of *subpoena duces tecum* B-570543 on the record and has failed to show that the Employer did not produce the

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<sup>7</sup> The employee stated:

Hi Cara As I've told you, when I was hired and in training with Jill Washington she went over many issues She stated to ---- and ---- that they were 40 hour per week FT employees with benefits and that I was a 30 hour per week FT employee with benefits Can you suggest a contact person who can clarify this? Would it be Marcella? Or someone in Enfield? Since there is no HR department I have no idea who to contact

This email was originally produced to the Union with the names of the employees redacted. Pursuant to my decision dated July 23, 2013, presumably the names of the employees involved were unredacted and thereby revealed to the Union. Indeed, the Union has not claimed otherwise.

information requested. The email of May 30 cited by the Union above does not show otherwise.<sup>8</sup>

To the extent the Union is reiterating its argument here that Respondent did not comply with paragraph Nos. 1 and 3 of *subpoena duces tecum* B-570543 because emails may have been deleted or because the Employer's process of subpoena production was otherwise compromised, that argument was thoroughly rejected by me and by the Regional Director in her decision dated September 11, 2013.

In short, the Union has failed at this late date to show that the Employer did not produce the documents sought in paragraph Nos. 1 and 3 of *subpoena duces tecum* B-570543 or, alternatively, that there are documents of probative value that would warrant extending the hearing for the production of additional documents sought by the Union.

Conclusion

The request by the Union to extend the hearing for production of the documents with respect to with paragraph Nos. 1 and 3 of *subpoena duces tecum* B-570543 is denied.

The request by the Union to extend the hearing for additional testimony is denied.

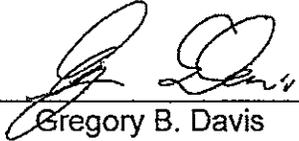
The motion by the Union to admit the documents marked as Union Exhibits 40 through 60 is granted. Therefore,

**IT IS HEREBY ORDERED** that documents marked as Union Exhibits 40 through 60 be, and hereby are, admitted into evidence.

**IT IS FURTHER ORDERED**, that this Order shall itself be, and it hereby is, marked and received into evidence as Board Exhibit 3.

**IT IS FURTHER ORDERED** that the record in this proceeding be, and it hereby is, closed.<sup>9</sup>

Dated at New York, New York  
October 25, 2013.

  
\_\_\_\_\_  
Gregory B. Davis  
Hearing Officer

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<sup>8</sup> The Union did not move for admission of the email into evidence.

<sup>9</sup> Briefs shall be filed within 7 days with the Regional Director, Karen P. Fernbach, National Labor Relations Board, Region 2, Room 3614, New York, New York 10278. Any request for an extension of time to submit briefs must be received in writing by the Regional Director and copies thereof must be served immediately on the other parties.

# **Exhibit B**

## Thomas Murray

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**From:** Weth, Patricia <Patricia.Weth@nlrb.gov>  
**Sent:** Tuesday, October 25, 2016 8:34 PM  
**To:** Thomas Murray  
**Subject:** RE: FOIA ID: LR-2016-0983

Dear Mr. Murray,

This evening, I have reviewed the NxGen system for Case No. 02-UC-062745. Union Exhibits 40-60 are not located in NxGen.

Additionally, when I completed your FOIA request search in August, I contacted the Office of the Executive Secretary. The Office of the Executive Secretary confirmed that no exhibits were admitted into the record after the Request for Review was filed.

If you have additional questions, please contact me. I will be in the office all day tomorrow, Thursday, and Friday.

Kind regards,  
Patricia Weth

-----Original Message-----

**From:** Thomas Murray [mailto:TMurray@kjmlabor.com]  
**Sent:** Tuesday, October 25, 2016 4:03 PM  
**To:** Weth, Patricia <Patricia.Weth@nlrb.gov>  
**Subject:** FW: FOIA ID: LR-2016-0983

Dear Ms. Weth:

I have to file an Opposition to a Petition for Summary Judgment this Thursday, October 27, 2016. I need an answer to my below question before then and was hoping you would be able to respond before that date. Thank you.

Thomas M. Murray, Esq.  
Kennedy, Jennik & Murray, P.C.  
113 University Place, 7th floor  
New York, NY 10003  
Tel. (212) 358-1500  
Fax (212) 358-0207

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If you have received this communication in error, please notify me immediately by replying to this message and deleting it and all copies and backups thereof. Thank you.

-----Original Message-----

From: Thomas Murray  
Sent: Thursday, October 13, 2016 5:26 PM  
To: 'Weth, Patricia' <Patricia.Weth@nlrb.gov>  
Subject: FW: FOIA ID: LR-2016-0983

Dear Ms. Weth:

I was wondering if you were able to find out if Union Exhibits 40-60 were entered into the record. Please see my September 23, 2016 email to you below. Thank you.

Thomas M. Murray, Esq.  
Kennedy, Jennik & Murray, P.C.  
113 University Place, 7th floor  
New York, NY 10003  
Tel. (212) 358-1500  
Fax (212) 358-0207

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If you have received this communication in error, please notify me immediately by replying to this message and deleting it and all copies and backups thereof. Thank you.

-----Original Message-----

From: Thomas Murray  
Sent: Friday, September 23, 2016 5:25 PM  
To: 'Weth, Patricia' <Patricia.Weth@nlrb.gov>  
Subject: RE: FOIA ID: LR-2016-0983

Dear Ms. Weth:

I left you a voicemail, but did not receive a response. The main thing I was trying to find out with this FOIA request was whether Union Exhibits 40-60 were entered into the record and transmitted to the Board. If so, I wanted to know if they were transmitted some point after the record was entered into the Nextgen system. Could you confirm whether these exhibits are part of the record? Thank you.

Thomas M. Murray, Esq.  
Kennedy, Jennik & Murray, P.C.  
113 University Place, 7th floor  
New York, NY 10003  
Tel. (212) 358-1500  
Fax (212) 358-0207

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the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

If you have received this communication in error, please notify me immediately by replying to this message and deleting it and all copies and backups thereof. Thank you.

-----Original Message-----

From: Weth, Patricia [mailto:Patricia.Weth@nlrb.gov]  
Sent: Friday, September 09, 2016 3:35 PM  
To: Thomas Murray <TMurray@kjmlabor.com>  
Subject: RE: FOIA ID: LR-2016-0983

Dear Mr. Murray,

There was no such document in the case file. I will gladly discuss your request with you upon your return.

Kind regards,

Patricia Weth

From: Thomas Murray [mailto:TMurray@kjmlabor.com]  
Sent: Friday, September 09, 2016 1:14 PM  
To: Weth, Patricia <Patricia.Weth@nlrb.gov>  
Subject: Re: FOIA ID: LR-2016-0983

Dear Ms. Weth:

Thank you for your response. I also wanted a complete list of the exhibits entered into the record and transferred to the Board. I am out of the country on vacation and will return Tues, Sept. 13th.

Thomas M. Murray

Sent from my iPhone

On Sep 9, 2016, at 6:40 PM, Weth, Patricia <Patricia.Weth@nlrb.gov <mailto:Patricia.Weth@nlrb.gov> > wrote:

Dear Mr. Murray,

Please find attached the final response letter regarding FOIA ID: LR-2016-0983.

Please contact me if you have any questions.

Kind regards,

Patricia Weth

Patricia A. Weth

Attorney-Advisor

National Labor Relations Board (NLRB)

Division of Legal Counsel

FOIA Branch

1015 Half Street, SE, Room 4035B

Washington, D.C. 20570

TEL (202) 273-2929

Email: Patricia.Weth@nlrb.gov <mailto:Patricia.Weth@nlrb.gov>

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<LR-2016-0983.final.Murray.pdf>

# **Exhibit C**

# **Union Exhibit 40**

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
ALBRIGHT, EARL	FTSTOC	1	29.25	8/13/2011	8/9/2011	9/9/2011
ALBRIGHT, EARL	FTSTOC	1	29.50	8/20/2011	8/9/2011	9/9/2011
ALBRIGHT, EARL	FTSTOC	1	29.25	8/27/2011	8/9/2011	9/9/2011
ALBRIGHT, EARL	FTSTOC	1	28.50	9/3/2011	8/9/2011	9/9/2011
ALBRIGHT, EARL	FTSTOC	1	22.75	9/10/2011	8/9/2011	9/9/2011
ALBRIGHT, EARL	FTSTOC	1	1.00	9/17/2011	8/9/2011	9/9/2011
BROWNE, VALERIE M.	CMSALC	14	31.00	3/26/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	35.75	4/2/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.25	4/2/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	35.50	4/9/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	2.00	4/9/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	37.00	4/16/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.50	4/16/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	35.00	4/23/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	4.75	4/23/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	33.50	4/30/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	4.00	4/30/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	25.00	5/7/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	3.75	5/7/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	32.00	5/14/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	5.75	5/14/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	32.00	5/21/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	5.75	5/21/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	37.25	5/28/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	4.00	5/28/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	32.75	6/4/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	3.00	6/4/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	60	6.00	6/4/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	32.25	6/11/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	2.50	6/11/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	32.00	6/18/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	3.75	6/18/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	36.00	6/25/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	4.25	6/25/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	37.00	7/2/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	4.50	7/2/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	40.00	7/9/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	4.75	7/9/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	60	6.00	7/9/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	36.50	7/16/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	6.00	7/16/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	39.50	7/23/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	2.25	7/23/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	35.50	7/30/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.25	7/30/2011	3/18/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
BROWNE, VALERIE M.	CMSALC	12	30.50	8/6/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	3.25	8/6/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	32.50	8/13/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	2.00	8/13/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	31.25	8/20/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	3.50	8/20/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	18.25	8/27/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	0.25	8/27/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	18	6.50	8/27/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	61	7.20	8/27/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	26.25	9/3/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.00	9/3/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	61	7.20	9/3/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	33.75	9/10/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	60	8.00	9/10/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	28.25	9/17/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	13	2.00	9/17/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	31.25	9/24/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	2.25	9/24/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	23.00	10/1/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	2.75	10/1/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	63	8.00	10/1/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	34.50	10/8/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.25	10/8/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	26.50	10/15/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	13	0.50	10/15/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	31.50	10/22/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.25	10/22/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	31.75	10/29/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	2.75	10/29/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	25.50	11/5/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	13	1.75	11/5/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	28.00	11/12/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	3.25	11/12/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	32.25	11/19/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.00	11/19/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	26.75	11/26/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	13	1.00	11/26/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	60	8.00	11/26/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	30.00	12/3/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	0.75	12/3/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	29.50	12/10/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	2.00	12/10/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	31.25	12/17/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.50	12/17/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	36.75	12/24/2011	3/18/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
BROWNE, VALERIE M.	CMSALC	14	1.75	12/24/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	25.00	12/31/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	2.25	12/31/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	60	6.00	12/31/2011	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	25.00	1/7/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	2.25	1/7/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	60	6.00	1/7/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	28.50	1/14/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.25	1/14/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	28.75	1/21/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.75	1/21/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	15.25	1/28/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	7.50	1/28/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	30.00	2/4/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.50	2/4/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	31.00	2/11/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.00	2/11/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	30.00	2/18/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.25	2/18/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	24.00	2/25/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	0.25	2/25/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	63	6.00	2/25/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	20.75	3/3/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.25	3/3/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	63	3.25	3/3/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	23.00	3/10/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	2.00	3/10/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	29.00	3/17/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	0.75	3/17/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	29.00	3/24/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.25	3/24/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	26.75	3/31/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	0.75	3/31/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	63	2.25	3/31/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	30.50	4/7/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.25	4/7/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	30.00	4/14/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	0.75	4/14/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	29.25	4/21/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.50	4/21/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	29.75	4/28/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	4.00	4/28/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	23.25	5/5/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.00	5/5/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	67	7.00	5/5/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	30.50	5/12/2012	3/18/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
BROWNE, VALERIE M.	CMSALC	14	2.25	5/12/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	24.00	5/19/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	0.50	5/19/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	63	6.00	5/19/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	29.00	5/26/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	0.75	5/26/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	22.00	6/2/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.00	6/2/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	60	6.00	6/2/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	31.25	6/9/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	0.75	6/9/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	29.75	6/16/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.00	6/16/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	27.00	6/23/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.00	6/23/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	63	3.00	6/23/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	24.00	6/30/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	0.75	6/30/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	11.50	7/7/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.25	7/7/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	60	6.00	7/7/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	70	12.00	7/7/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	23.50	7/14/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.50	7/14/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	70	6.00	7/14/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	24.50	7/21/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	0.75	7/21/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	18	4.50	7/21/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	18.25	7/28/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	2.50	7/28/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	63	6.00	7/28/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	28.75	8/4/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	17.75	8/11/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	63	2.30	8/11/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	67	6.00	8/11/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	32.50	8/18/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	2.00	8/18/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	61	3.50	8/18/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	23.00	8/25/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	0.25	8/25/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	61	6.00	8/25/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	12	29.25	9/1/2012	3/18/2011	NA
BROWNE, VALERIE M.	CMSALC	14	1.00	9/1/2012	3/18/2011	NA
CLAUDIO, DENNIS	CMSALC	12	40.00	11/19/2011	11/13/2011	1/31/2012
CLAUDIO, DENNIS	CMSALC	12	38.50	11/26/2011	11/13/2011	1/31/2012

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
CLAUDIO, DENNIS	CMSALC	13	0.75	11/26/2011	11/13/2011	1/31/2012
CLAUDIO, DENNIS	CMSALC	13	1.50	11/26/2011	11/13/2011	1/31/2012
CLAUDIO, DENNIS	CMSALC	12	39.00	12/3/2011	11/13/2011	1/31/2012
CLAUDIO, DENNIS	CMSALC	12	38.00	12/10/2011	11/13/2011	1/31/2012
CLAUDIO, DENNIS	CMSALC	14	2.00	12/10/2011	11/13/2011	1/31/2012
CLAUDIO, DENNIS	CMSALC	12	40.00	12/17/2011	11/13/2011	1/31/2012
CLAUDIO, DENNIS	CMSALC	14	1.00	12/17/2011	11/13/2011	1/31/2012
CLAUDIO, DENNIS	CMSALC	12	40.00	12/24/2011	11/13/2011	1/31/2012
CLAUDIO, DENNIS	CMSALC	14	0.50	12/24/2011	11/13/2011	1/31/2012
CLAUDIO, DENNIS	CMSALC	12	38.75	12/31/2011	11/13/2011	1/31/2012
CLAUDIO, DENNIS	CMSALC	12	25.00	1/7/2012	11/13/2011	1/31/2012
CLAUDIO, DENNIS	CMSALC	14	0.50	1/7/2012	11/13/2011	1/31/2012
CLAUDIO, DENNIS	CMSALC	12	39.50	1/14/2012	11/13/2011	1/31/2012
CLAUDIO, DENNIS	CMSALC	12	40.00	1/21/2012	11/13/2011	1/31/2012
CLAUDIO, DENNIS	CMSALC	12	38.00	1/28/2012	11/13/2011	1/31/2012
CLAUDIO, DENNIS	CMSALC	14	1.50	1/28/2012	11/13/2011	1/31/2012
CLAUDIO, DENNIS	CMSALC	12	15.50	2/4/2012	11/13/2011	1/31/2012
COSTE, ELVIS	FTSTOC	1	30.50	5/14/2011	5/10/2011	6/25/2011
COSTE, ELVIS	FTSTOC	1	36.50	5/21/2011	5/10/2011	6/25/2011
COSTE, ELVIS	FTSTOC	1	30.25	5/28/2011	5/10/2011	6/25/2011
COSTE, ELVIS	FTSTOC	1	31.50	6/4/2011	5/10/2011	6/25/2011
COSTE, ELVIS	FTSTOC	60	6.00	6/4/2011	5/10/2011	6/25/2011
COSTE, ELVIS	FTSTOC	1	31.00	6/11/2011	5/10/2011	6/25/2011
COSTE, ELVIS	FTSTOC	1	40.00	6/18/2011	5/10/2011	6/25/2011
COSTE, ELVIS	FTSTOC	30	1.25	6/18/2011	5/10/2011	6/25/2011
COSTE, ELVIS	FTSTOC	1	40.00	6/25/2011	5/10/2011	6/25/2011
COSTE, ELVIS	FTSTOC	30	0.50	6/25/2011	5/10/2011	6/25/2011
DONALDSON, KENDALL K	FTSTOC	1	39.75	3/12/2011	3/8/2011	4/16/2011
DONALDSON, KENDALL K	FTSTOC	30	2.75	3/12/2011	3/8/2011	4/16/2011
DONALDSON, KENDALL K	FTSTOC	1	40.00	3/19/2011	3/8/2011	4/16/2011
DONALDSON, KENDALL K	FTSTOC	30	1.50	3/19/2011	3/8/2011	4/16/2011
DONALDSON, KENDALL K	FTSTOC	1	40.00	3/26/2011	3/8/2011	4/16/2011
DONALDSON, KENDALL K	FTSTOC	30	1.25	3/26/2011	3/8/2011	4/16/2011
DONALDSON, KENDALL K	FTSTOC	1	40.00	4/2/2011	3/8/2011	4/16/2011
DONALDSON, KENDALL K	FTSTOC	30	1.00	4/2/2011	3/8/2011	4/16/2011
DONALDSON, KENDALL K	FTSTOC	1	40.00	4/9/2011	3/8/2011	4/16/2011
DONALDSON, KENDALL K	FTSTOC	30	1.00	4/9/2011	3/8/2011	4/16/2011
DONALDSON, KENDALL K	FTSTOC	1	32.00	4/16/2011	3/8/2011	4/16/2011
FARBER, MICHAEL	CMKEYC	14	31.75	2/25/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	39.75	3/3/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	40.00	3/10/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	41.25	3/17/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	39.00	3/24/2012	2/22/2012	NA

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FARBER, MICHAEL	CMKEYC	12	8.00	3/31/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	33.00	3/31/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	40.25	4/7/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	40.00	4/14/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	41.75	4/21/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	40.75	4/28/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	12	39.25	5/5/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	1.75	5/5/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	12	39.00	5/12/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	2.50	5/12/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	12	32.00	5/19/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	8.25	5/19/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	12	35.25	5/26/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	4.50	5/26/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	12	34.00	6/2/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	5.00	6/2/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	12	38.00	6/9/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	2.75	6/9/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	12	29.50	6/16/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	3.75	6/16/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	12	37.50	6/23/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	4.50	6/23/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	12	39.00	6/30/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	2.25	6/30/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	12	29.00	7/7/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	3.25	7/7/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	60	8.00	7/7/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	12	38.00	7/14/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	2.50	7/14/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	12	32.00	7/21/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	2.25	7/21/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	63	6.00	7/21/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	12	36.75	7/28/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	3.50	7/28/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	61	15.20	8/4/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	63	24.40	8/4/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	12	16.50	8/11/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	12	38.50	8/18/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	3.00	8/18/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	12	36.75	8/25/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	1.25	8/25/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	12	39.25	9/1/2012	2/22/2012	NA
FARBER, MICHAEL	CMKEYC	14	3.50	9/1/2012	2/22/2012	NA
FERNANDEZ, MARIA	FITLC	1	20.50	5/7/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	5/14/2011	5/5/2011	NA

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FERNANDEZ, MARIA	FITLC	30	6.00	5/14/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	5/21/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	7.00	5/21/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	5/28/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	7.00	5/28/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	30.50	6/4/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	5.50	6/4/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	60	6.00	6/4/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	6/11/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	0.25	6/11/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	6/18/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	39.50	6/25/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	7/2/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	1.25	7/2/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	32.50	7/9/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	5.25	7/9/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	7/16/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	0.50	7/16/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	7/23/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	0.50	7/23/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	39.50	7/30/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	8/6/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	0.25	8/6/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	39.75	8/13/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	8/20/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	3.00	8/20/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	38.50	8/27/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	9/3/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	31.75	9/10/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	60	8.00	9/10/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	39.75	9/17/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	9/24/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	10/1/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	10/8/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	10/15/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	0.25	10/15/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	10/22/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	0.25	10/22/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	10/29/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	0.75	10/29/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	11/5/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	11/12/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	0.50	11/12/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	11/19/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	32.00	11/26/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	60	8.00	11/26/2011	5/5/2011	NA

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FERNANDEZ, MARIA	FITLC	1	40.00	12/3/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	12/10/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	12/17/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	12/24/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	32.00	12/31/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	60	8.00	12/31/2011	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	32.00	1/7/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	60	6.00	1/7/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	1/14/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	1/21/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	1/28/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	2/4/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	2/11/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	2/18/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	2/25/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	3/3/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	3/10/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	0.25	3/10/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	3/17/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	3/24/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	3/31/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	38.00	4/7/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	4/14/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	4/21/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	4/28/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	2.75	4/28/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	5/5/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	5/12/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	5/19/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	5/26/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	30.00	6/2/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	3.00	6/2/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	60	8.00	6/2/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	6/9/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	6/16/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	38.50	6/23/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	63	1.50	6/23/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	6/30/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	60	8.00	7/7/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	67	32.00	7/7/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	67	8.00	7/14/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	7/21/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	7/28/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	0.50	7/28/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	38.00	8/4/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	38.00	8/11/2012	5/5/2011	NA

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FERNANDEZ, MARIA	FITLC	1	36.50	8/18/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	0.25	8/18/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	41	2.00	8/18/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	63	2.00	8/18/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	63	3.50	8/18/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	29.50	8/25/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	41	-2.00	8/25/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	42	2.00	8/25/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	63	2.50	8/25/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	70	8.00	8/25/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	1	40.00	9/1/2012	5/5/2011	NA
FERNANDEZ, MARIA	FITLC	30	1.25	9/1/2012	5/5/2011	NA
FINLEY, ISIAH	PPSTOX	1	26.25	7/21/2012	7/16/2012	NA
FINLEY, ISIAH	PPSTOX	1	32.00	7/28/2012	7/16/2012	NA
FINLEY, ISIAH	PPSTOX	1	32.00	8/4/2012	7/16/2012	NA
FINLEY, ISIAH	PPSTOX	1	28.75	8/11/2012	7/16/2012	NA
FINLEY, ISIAH	PPSTOX	1	29.50	8/18/2012	7/16/2012	NA
FINLEY, ISIAH	PPSTOX	1	25.25	8/25/2012	7/16/2012	NA
FINLEY, ISIAH	PPSTOX	1	37.50	9/1/2012	7/16/2012	NA
GARCIA, JOSHUA	FTSTOC	1	16.00	2/26/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	0.75	2/26/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	39.25	3/5/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	6.75	3/5/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	39.00	3/12/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	10.50	3/12/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	3/19/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	14.25	3/19/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	3/26/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	9.00	3/26/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	4/2/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	9.00	4/2/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	4/9/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	1.00	4/9/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	4/16/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	1.00	4/16/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	4/23/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	3.50	4/23/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	4/30/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	7.25	4/30/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	5/7/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	3.25	5/7/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	5/14/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	4.25	5/14/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	5/21/2011	2/23/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
GARCIA, JOSHUA	FTSTOC	30	2.00	5/21/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	5/28/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	0.50	5/28/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	32.00	6/4/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	9.25	6/4/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	60	6.00	6/4/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	6/11/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	1.50	6/11/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	6/18/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	1.25	6/18/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	6/25/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	4.00	6/25/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	7/2/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	11.25	7/2/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	38.00	7/9/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	60	6.00	7/9/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	63	2.00	7/9/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	7/16/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	5.75	7/16/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	7/23/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	4.50	7/23/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	7/30/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	8.75	7/30/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	39.75	8/6/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	0.75	8/6/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	39.50	8/13/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	61	8.00	8/13/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	8/20/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	1.25	8/20/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	8/27/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	0.50	8/27/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	39.00	9/3/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	16.50	9/10/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	7.25	9/10/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	60	8.00	9/10/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	9/17/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	8.50	9/17/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	9/24/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	0.75	9/24/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	10/1/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	2.25	10/1/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	10/8/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	1.02	10/8/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	10/15/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	0.50	10/15/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	10/22/2011	2/23/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
GARCIA, JOSHUA	FTSTOC	1	40.00	10/29/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	0.50	10/29/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	39.25	11/5/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	33.25	11/12/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	63	8.00	11/12/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	39.00	11/19/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	32.00	11/26/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	60	8.00	11/26/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	12/3/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	31.50	12/10/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	61	8.00	12/10/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	32.00	12/17/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	63	8.00	12/17/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	12/24/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	3.50	12/24/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	32.00	12/31/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	4.00	12/31/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	60	8.00	12/31/2011	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	33.00	1/7/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	60	6.00	1/7/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	39.75	1/14/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	1.00	1/14/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	42	6.00	1/14/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	39.75	1/21/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	1/28/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	31.75	2/4/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	63	8.00	2/4/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	39.50	2/11/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	39.75	2/18/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	39.00	2/25/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	31.50	3/3/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	63	8.00	3/3/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	39.00	3/10/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	3/17/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	1.00	3/17/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	39.50	3/24/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	32.75	3/31/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	63	5.00	3/31/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	37.50	4/7/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	61	2.50	4/7/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	4/14/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	4/21/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	2.75	4/21/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	4/28/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	5.75	4/28/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	5/5/2012	2/23/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
GARCIA, JOSHUA	FTSTOC	30	0.75	5/5/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	5/12/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	2.25	5/12/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	39.75	5/19/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	39.50	5/26/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	1.75	5/26/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	31.25	6/2/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	60	8.00	6/2/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	6/9/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	1.75	6/9/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	32.00	6/16/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	61	8.00	6/16/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	6/23/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	1.50	6/23/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	37.75	6/30/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	24.50	7/7/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	3.50	7/7/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	60	8.00	7/7/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	7/14/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	0.75	7/14/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	7/21/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	1.25	7/21/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	39.75	7/28/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	32.00	8/4/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	63	8.00	8/4/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	8/11/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	0.25	8/11/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	34.25	8/18/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	63	3.00	8/18/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	8/25/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	0.75	8/25/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	1	40.00	9/1/2012	2/23/2011	NA
GARCIA, JOSHUA	FTSTOC	30	5.75	9/1/2012	2/23/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	30.25	11/12/2011	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	29.25	11/19/2011	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	30.75	11/26/2011	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	29.75	12/3/2011	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	30.00	12/10/2011	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	29.75	12/17/2011	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	32.00	12/24/2011	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	33.50	12/31/2011	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	38.50	1/7/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	30.00	1/14/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	30.50	1/21/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	30.00	1/28/2012	11/6/2011	NA

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GUARDIOLA, DEVON G.	CMSALC	1	31.00	2/4/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	24.25	2/11/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	29.75	2/18/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	34.75	2/25/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	29.25	3/3/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	29.25	3/10/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	30.25	3/17/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	29.25	3/24/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	30.50	3/31/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	30.00	4/7/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	36.00	4/14/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	30.25	4/21/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	34.25	4/28/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	30.00	5/5/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	31.00	5/12/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	30.00	5/19/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	34.75	5/26/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	37.50	6/2/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	30	3.25	6/2/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	60	6.00	6/2/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	35.25	6/9/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	38.25	6/16/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	35.75	6/23/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	35.00	6/30/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	37.25	7/7/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	60	6.00	7/7/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	34.25	7/14/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	1	36.50	7/21/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	12	29.00	7/28/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	14	3.00	7/28/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	12	31.50	8/4/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	12	25.00	8/11/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	12	38.00	8/18/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	14	3.00	8/18/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	61	6.00	8/18/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	12	32.00	8/25/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	14	1.50	8/25/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	12	20.00	9/1/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	14	0.75	9/1/2012	11/6/2011	NA
GUARDIOLA, DEVON G.	CMSALC	63	6.50	9/1/2012	11/6/2011	NA
HAYNES, MICHAEL	CMSALC	12	24.00	8/25/2012	2/21/2006	NA
HAYNES, MICHAEL	CMSALC	67	16.00	8/25/2012	2/21/2006	NA
HAYNES, MICHAEL	CMSALC	12	40.00	9/1/2012	2/21/2006	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	1/21/2012	1/16/2012	NA

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HEALEY, JEFFREY R.	VMERC	1	40.00	1/28/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	2/4/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	30	0.50	2/4/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	8.00	2/11/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	32.00	2/11/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	30	2.00	2/11/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	2/18/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	2/25/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	3/3/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	3/10/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	30	3.00	3/10/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	16.00	3/17/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	24.00	3/17/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	30	18.25	3/17/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	27.50	3/24/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	32.00	3/31/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	29	8.00	3/31/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	30	8.00	3/31/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	4/7/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	30	0.25	4/7/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	4/14/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	4/21/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	5/5/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	39.75	5/12/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	12.50	5/19/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	27.25	5/19/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	39.75	5/26/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	32.00	6/2/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	60	8.00	6/2/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	6/9/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	6/16/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	6/23/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	6/30/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	32.00	7/7/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	60	8.00	7/7/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	7/14/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	7/21/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	30	0.50	7/21/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	8.00	7/28/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	32.00	7/28/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	30	1.00	7/28/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	15.50	8/4/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	24.50	8/4/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	30	6.75	8/4/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	8/11/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	30	0.50	8/11/2012	1/16/2012	NA

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HEALEY, JEFFREY R.	VMERC	1	40.00	8/18/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	30	1.00	8/18/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	8/25/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	30	0.25	8/25/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	1	40.00	9/1/2012	1/16/2012	NA
HEALEY, JEFFREY R.	VMERC	30	4.75	9/1/2012	1/16/2012	NA
HIX, MICHAEL	COORB	00013	2.25	4/9/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	40	4/9/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	1.5	4/16/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	40	4/16/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	3	4/23/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	39	4/23/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	3.5	4/30/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	37.5	4/30/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	5	5/7/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	35.5	5/7/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	6.25	5/14/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	36.5	5/14/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	4.75	5/21/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	35.5	5/21/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	7	5/28/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	34.75	5/28/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	5.5	6/4/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00060	6	6/4/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	34.75	6/4/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	4.75	6/11/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	35.75	6/11/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	4.25	6/18/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	36	6/18/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	7.25	6/25/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	36.25	6/25/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00063	3.25	7/2/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00067	8	7/2/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	30.5	7/2/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	5.75	7/9/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00060	6	7/9/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	34.5	7/9/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	5.5	7/16/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	38.5	7/16/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	5.5	7/23/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	35.5	7/23/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	7.25	7/30/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	35	7/30/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	5	8/6/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	35.25	8/6/2011	6/4/2007	NA

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HIX, MICHAEL	COORB	00014	5.5	8/13/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	34.25	8/13/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	5.5	8/20/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	34.5	8/20/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	9.5	8/27/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	30.25	8/27/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	2.25	9/3/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	14	9/3/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00067	24	9/3/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00060	8	9/10/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	32.5	9/10/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00013	4	9/17/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	35.5	9/17/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	7	9/24/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	36.25	9/24/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	6.25	10/1/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	34	10/1/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	2	10/8/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00067	3	10/8/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	28	10/8/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00013	2	10/15/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	30	10/15/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	3.75	10/22/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	36	10/22/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	4	10/29/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	7	10/29/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	29	10/29/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	0.75	11/5/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00012	17.5	11/5/2011	6/4/2007	NA
HIX, MICHAEL	COORB	00014	29.25	11/5/2011	6/4/2007	NA

JOHN, ARIANE	CMSALC	12	28.50	6/4/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	5.00	6/4/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	33.75	6/11/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	35.50	6/18/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	3.75	6/18/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	28.75	6/25/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	3.50	6/25/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	31.25	7/2/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	3.25	7/2/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	40.00	7/9/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	13	3.25	7/9/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	40.00	7/16/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	6.25	7/16/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	36.00	7/23/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	7.75	7/23/2011	6/1/2012	8/10/2012

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
JOHN, ARIANE	CMSALC	12	36.00	7/30/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	3.00	7/30/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	36.75	8/6/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	4.25	8/6/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	35.50	8/13/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	4.75	8/13/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	34.00	8/20/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	8.25	8/20/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	34.25	8/27/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	6.00	8/27/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	21.00	9/3/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	3.50	9/3/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	33.00	9/10/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	60	8.00	9/10/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	38.00	9/17/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	13	1.00	9/17/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	13	2.00	9/17/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	37.50	9/24/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	4.50	9/24/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	35.50	10/1/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	8.75	10/1/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	36.75	10/8/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	3.00	10/8/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	36.75	10/15/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	13	3.25	10/15/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	33.00	10/22/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	1.75	10/22/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	31.75	10/29/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	3.00	10/29/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	34.25	11/5/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	13	4.75	11/5/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	28.75	11/12/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	4.25	11/12/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	32.00	11/19/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	9.50	11/19/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	27.50	11/26/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	13	4.75	11/26/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	60	8.00	11/26/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	35.00	12/3/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	5.00	12/3/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	26.00	12/10/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	6.50	12/10/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	63	8.00	12/10/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	38.00	12/17/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	7.00	12/17/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	34.75	12/24/2011	6/1/2012	8/10/2012

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
JOHN, ARIANE	CMSALC	14	5.25	12/24/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	25.50	12/31/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	8.25	12/31/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	60	8.00	12/31/2011	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	29.00	1/7/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	5.00	1/7/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	60	6.00	1/7/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	35.50	1/14/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	5.00	1/14/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	26.50	1/21/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	3.25	1/21/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	63	8.00	1/21/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	30.75	1/28/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	9.50	1/28/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	39.00	2/4/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	2.00	2/4/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	40.00	2/11/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	0.50	2/11/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	38.00	2/18/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	0.50	2/18/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	32.00	2/25/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	0.25	2/25/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	63	8.00	2/25/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	37.00	3/3/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	1.25	3/3/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	37.25	3/10/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	1.75	3/10/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	38.00	3/17/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	1.00	3/17/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	39.00	3/24/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	1.00	3/24/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	31.00	3/31/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	1.50	3/31/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	63	8.00	3/31/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	37.00	4/7/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	2.00	4/7/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	18.50	4/14/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	61	16.00	4/14/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	38.00	4/21/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	1.75	4/21/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	37.25	4/28/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	2.50	4/28/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	39.00	5/5/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	1.25	5/5/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	29.50	5/12/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	1.00	5/12/2012	6/1/2012	8/10/2012

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
JOHN, ARIANE	CMSALC	12	39.00	5/19/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	1.00	5/19/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	37.75	5/26/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	1.25	5/26/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	27.25	6/2/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	1.00	6/2/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	60	8.00	6/2/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	63	8.00	6/9/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	38.75	6/23/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	1.25	6/23/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	36.25	6/30/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	2.00	6/30/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	28.50	7/7/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	1.75	7/7/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	60	8.00	7/7/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	38.00	7/14/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	1.25	7/14/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	30.00	7/21/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	1.00	7/21/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	18	4.75	7/21/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	39.00	7/28/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	14	3.00	7/28/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	40.00	8/4/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	12	30.75	8/11/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	67	30.00	8/11/2012	6/1/2012	8/10/2012
JOHN, ARIANE	CMSALC	67	7.50	8/25/2012	6/1/2012	8/10/2012
JOYNER III, WILLIE	CMSALC	18	8.75	2/26/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	41.75	3/12/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	39.25	3/19/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	40.00	3/26/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	13	2.00	3/26/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.75	3/26/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.50	4/2/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	0.75	4/2/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	39.00	4/9/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	3.25	4/9/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	40.00	4/16/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	13	3.25	4/16/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.00	4/16/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	40.00	4/23/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	13	2.50	4/23/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	4.75	4/23/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.25	4/30/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	3.25	4/30/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	40.00	5/7/2011	2/23/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
JOYNER III, WILLIE	CMSALC	13	0.75	5/7/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	5.00	5/7/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	40.00	5/14/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	13	0.50	5/14/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	4.75	5/14/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.50	5/21/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	5.75	5/21/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	40.00	5/28/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	13	0.50	5/28/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	5.25	5/28/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	40.00	6/4/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	3.00	6/4/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	60	6.00	6/4/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	40.00	6/11/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	13	0.75	6/11/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	2.75	6/11/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	40.00	6/18/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	3.75	6/18/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	39.50	6/25/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	6.25	6/25/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	40.00	7/2/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	13	2.25	7/2/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	4.50	7/2/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	36.25	7/9/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	4.75	7/9/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	60	6.00	7/9/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	36.00	7/16/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	6.50	7/16/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.00	7/23/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	3.75	7/23/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	35.75	7/30/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	2.50	7/30/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	23.00	8/6/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.50	8/6/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	61	16.00	8/6/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.25	8/13/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	2.25	8/13/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.75	8/20/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	3.75	8/20/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	30.00	8/27/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	2.00	8/27/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	18	8.00	8/27/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	32.50	9/3/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	8.00	9/3/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	17	6.50	9/3/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	32.75	9/10/2011	2/23/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
JOYNER III, WILLIE	CMSALC	60	8.00	9/10/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	39.00	9/17/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	13	1.00	9/17/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	13	1.75	9/17/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.50	9/24/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	4.50	9/24/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	37.00	10/1/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	5.00	10/1/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	33.50	10/8/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.50	10/8/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	63	4.50	10/8/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	39.00	10/15/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	13	1.00	10/15/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	13	3.00	10/15/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	28.00	10/22/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	2.00	10/22/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	63	8.00	10/22/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.00	10/29/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	2.75	10/29/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.50	11/5/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	2.25	11/5/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.00	11/12/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	3.50	11/12/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	37.50	11/19/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.00	11/19/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	30.75	11/26/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	13	1.25	11/26/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	60	8.00	11/26/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.00	12/3/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	0.25	12/3/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	39.50	12/10/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.25	12/10/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	37.25	12/17/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.25	12/17/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	39.75	12/24/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.50	12/24/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	24.00	12/31/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	0.75	12/31/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	60	8.00	12/31/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	63	8.00	12/31/2011	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	30.00	1/7/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	2.00	1/7/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	60	6.00	1/7/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	30.00	1/14/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.50	1/14/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	63	8.00	1/14/2012	2/23/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
JOYNER III, WILLIE	CMSALC	12	38.00	1/21/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	0.75	1/21/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	32.00	1/28/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.00	1/28/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	61	8.00	1/28/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.00	2/4/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.50	2/4/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	32.00	2/11/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	0.75	2/11/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	63	8.00	2/11/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	37.50	2/18/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	0.50	2/18/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	30.00	2/25/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	0.75	2/25/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	63	8.00	2/25/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	35.75	3/3/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	0.75	3/3/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	37.25	3/10/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.50	3/10/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	30.00	3/17/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.00	3/17/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	67	8.00	3/17/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	24.00	3/24/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	0.50	3/24/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	61	8.00	3/24/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.00	3/31/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.25	3/31/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.00	4/7/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.50	4/7/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	24.00	4/14/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.00	4/14/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	39.25	4/21/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.25	4/21/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	32.25	4/28/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	2.75	4/28/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.00	5/5/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.75	5/5/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.00	5/12/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	2.50	5/12/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.00	5/19/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.25	5/19/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	30.00	5/26/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.50	5/26/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	32.00	6/2/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	0.75	6/2/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	60	8.00	6/2/2012	2/23/2011	NA

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JOYNER III, WILLIE	CMSALC	12	31.00	6/9/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	0.50	6/9/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	39.50	6/16/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.25	6/16/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	39.50	6/23/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.50	6/23/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.50	6/30/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.50	6/30/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	29.50	7/7/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.25	7/7/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	60	8.00	7/7/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	33.25	7/14/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.75	7/14/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.75	7/21/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.25	7/21/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	30.25	7/28/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	3.00	7/28/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	67	8.00	7/28/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	33.00	8/4/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	67	8.00	8/4/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	33.25	8/11/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	67	8.00	8/11/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.25	8/18/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.00	8/18/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	31.50	8/25/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.00	8/25/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	12	38.75	9/1/2012	2/23/2011	NA
JOYNER III, WILLIE	CMSALC	14	1.75	9/1/2012	2/23/2011	NA
KNIGHTS, DAVID	FTSTOC	1	34.00	5/28/2011	5/19/2011	6/16/2011
KNIGHTS, DAVID	FTSTOC	42	24.25	5/28/2011	5/19/2011	6/16/2011
KNIGHTS, DAVID	FTSTOC	1	24.50	6/4/2011	5/19/2011	6/16/2011
KNIGHTS, DAVID	FTSTOC	30	6.50	6/4/2011	5/19/2011	6/16/2011
KNIGHTS, DAVID	FTSTOC	60	6.00	6/4/2011	5/19/2011	6/16/2011
KNIGHTS, DAVID	FTSTOC	1	32.00	6/11/2011	5/19/2011	6/16/2011
KNIGHTS, DAVID	FTSTOC	1	38.50	6/18/2011	5/19/2011	6/16/2011
MACIAS, JACQUELINE M	FTSTOC	1	28.75	10/29/2011	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	31.25	11/5/2011	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	33.75	11/12/2011	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	31.00	11/19/2011	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	35.50	11/26/2011	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	31.75	12/3/2011	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	34.50	12/10/2011	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	30.75	12/17/2011	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	36.75	12/24/2011	10/23/2011	NA

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MACIAS, JACQUELINE M	FTSTOC	1	37.75	12/31/2011	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	35.75	1/7/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	34.00	1/14/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	34.00	1/21/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	36.00	1/28/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	32.00	2/4/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	28.50	2/11/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	29.00	2/18/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	30.75	2/25/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	29.25	3/3/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	31.00	3/10/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	29.75	3/17/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	30.75	3/24/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	26.25	3/31/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	30.25	4/7/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	29.50	4/14/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	30.00	4/21/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	32.50	4/28/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	31.25	5/5/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	33.00	5/12/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	31.50	5/19/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	29.25	5/26/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	25.00	6/2/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	30	3.00	6/2/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	60	6.00	6/2/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	30.75	6/9/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	33.25	6/16/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	36.00	6/23/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	32.00	6/30/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	19.75	7/7/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	60	6.00	7/7/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	63	6.00	7/7/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	34.25	7/14/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	7.00	7/21/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	26.75	7/21/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	30.25	7/28/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	32.00	8/4/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	32.75	8/11/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	26.00	8/18/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	61	6.40	8/18/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	35.75	8/25/2012	10/23/2011	NA
MACIAS, JACQUELINE M	FTSTOC	1	36.00	9/1/2012	10/23/2011	NA
MORILLO, STEPHANIE	CTSTON	1	30.00	12/3/2011	11/27/2011	12/31/2011
MORILLO, STEPHANIE	CTSTON	1	29.75	12/10/2011	11/27/2011	12/31/2011
MORILLO, STEPHANIE	CTSTON	1	29.50	12/17/2011	11/27/2011	12/31/2011

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MORILLO, STEPHANIE	CTSTON	1	25.00	12/24/2011	11/27/2011	12/31/2011
MORILLO, STEPHANIE	CTSTON	1	30.25	12/31/2011	11/27/2011	12/31/2011
PARNES, JUDITH K.	CMSALX	14	34.75	4/2/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	-34.75	4/9/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	18	25.75	4/9/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	18	34.75	4/9/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	24.50	4/16/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	21.50	4/23/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	26.25	4/30/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	23.75	5/7/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	2.75	5/7/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	28.00	5/14/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	2.25	5/14/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	29.00	5/21/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.00	5/21/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	26.50	5/28/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	0.75	5/28/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	24.75	6/4/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	60	6.00	6/4/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	22.00	6/11/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.75	6/11/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	30.00	6/18/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.25	6/18/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	31.50	6/25/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	2.00	6/25/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	31.25	7/2/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	2.75	7/2/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	11.75	7/9/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	2.25	7/9/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	31.25	7/16/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	2.00	7/16/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	24.00	7/23/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	2.25	7/23/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	24.50	7/30/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	0.75	7/30/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	17.00	8/6/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.75	8/6/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	24.25	8/13/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.00	8/13/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	22.00	8/20/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.50	8/20/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	25.00	8/27/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	0.50	8/27/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	17.50	9/3/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	6.00	9/3/2011	3/27/2011	6/23/2012

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PARNES, JUDITH K.	CMSALX	17	5.50	9/3/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	28.00	9/10/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	60	4.00	9/10/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	23.75	9/17/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	13	0.50	9/17/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	19.75	9/24/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	2.75	9/24/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	18.00	10/8/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	0.75	10/8/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	19.25	10/15/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	21.25	10/22/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.75	10/22/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	26.00	10/29/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	2.00	10/29/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	16.50	11/5/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	13	1.75	11/5/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	22.50	11/12/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	3.25	11/12/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	23.00	11/19/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.25	11/19/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	25.25	11/26/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	13	1.00	11/26/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	23.75	12/3/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	0.50	12/3/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	24.75	12/10/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	2.00	12/10/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	23.75	12/17/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.75	12/17/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	27.00	12/24/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	0.50	12/24/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	33.25	12/31/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.25	12/31/2011	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	25.00	1/7/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.25	1/7/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	17.00	1/14/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	0.50	1/14/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	23.00	1/21/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.25	1/21/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	23.00	1/28/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.75	1/28/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	18.00	2/4/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.50	2/4/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	18.00	2/11/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.00	2/11/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	17.00	2/18/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.50	2/18/2012	3/27/2011	6/23/2012

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
PARNES, JUDITH K.	CMSALX	12	24.00	2/25/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.25	2/25/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	12.00	3/10/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.75	3/10/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	24.00	3/17/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.75	3/17/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	24.00	3/24/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.00	3/24/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	23.50	3/31/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.50	3/31/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	24.00	4/7/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	0.50	4/7/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	18.00	4/14/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	0.75	4/14/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	18.00	4/21/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.00	4/21/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	63	6.00	4/21/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	22.25	4/28/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	2.50	4/28/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	24.00	5/5/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.00	5/5/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	24.00	5/12/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	2.00	5/12/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	18.00	5/19/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	0.75	5/19/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	24.00	5/26/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	0.25	5/26/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	1.25	6/2/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	12	26.50	6/23/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	14	1.50	6/23/2012	3/27/2011	6/23/2012
PARNES, JUDITH K.	CMSALX	67	13.00	6/30/2012	3/27/2011	6/23/2012
PEREZ, YEUFRE	CTSTON	1	12.25	6/9/2012	6/8/2012	7/16/2012
PEREZ, YEUFRE	CTSTON	1	31.00	6/16/2012	6/8/2012	7/16/2012
PEREZ, YEUFRE	CTSTON	1	31.25	6/23/2012	6/8/2012	7/16/2012
PEREZ, YEUFRE	CTSTON	1	31.25	6/30/2012	6/8/2012	7/16/2012
PEREZ, YEUFRE	CTSTON	1	35.75	7/7/2012	6/8/2012	7/16/2012
PEREZ, YEUFRE	CTSTON	1	30.00	7/14/2012	6/8/2012	7/16/2012
PEREZ, YEUFRE	CTSTON	1	13.75	7/21/2012	6/8/2012	7/16/2012
PUIG, ANTHONY	HOLIN	1	24.50	11/19/2011	11/14/2011	2/4/2012
PUIG, ANTHONY	HOLIN	1	20.25	11/26/2011	11/14/2011	2/4/2012
PUIG, ANTHONY	HOLIN	1	24.75	12/3/2011	11/14/2011	2/4/2012
PUIG, ANTHONY	HOLIN	1	25.00	12/10/2011	11/14/2011	2/4/2012
PUIG, ANTHONY	HOLIN	1	24.75	12/17/2011	11/14/2011	2/4/2012
PUIG, ANTHONY	HOLIN	1	20.25	12/24/2011	11/14/2011	2/4/2012

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
PUIG, ANTHONY	HOLIN	1	22.00	12/31/2011	11/14/2011	2/4/2012
PUIG, ANTHONY	HOLIN	1	22.50	1/7/2012	11/14/2011	2/4/2012
PUIG, ANTHONY	HOLIN	1	25.00	1/14/2012	11/14/2011	2/4/2012
PUIG, ANTHONY	HOLIN	1	19.50	1/21/2012	11/14/2011	2/4/2012
PUIG, ANTHONY	HOLIN	1	30.00	1/28/2012	11/14/2011	2/4/2012
PUIG, ANTHONY	HOLIN	1	15.00	2/4/2012	11/14/2011	2/4/2012
PUTMAN, THURMAN	CMSALC	12	40.00	7/16/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	5.25	7/16/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	38.00	7/23/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	4.25	7/23/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	38.00	7/30/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	4.00	7/30/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	41.75	8/6/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	37.25	8/13/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	3.25	8/13/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	14.00	8/20/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	3.00	8/20/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	30.00	8/27/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	2.75	8/27/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	18	8.00	8/27/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	36.25	9/3/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	8.75	9/3/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	17	6.50	9/3/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	30.50	9/10/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	60	8.00	9/10/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	39.00	9/17/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	13	1.00	9/17/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	13	1.25	9/17/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	38.00	9/24/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	4.00	9/24/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	37.00	10/1/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	5.50	10/1/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	40.00	10/8/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	13	4.25	10/8/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	2.25	10/8/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	38.50	10/15/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	13	0.75	10/15/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	13	1.50	10/15/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	39.00	10/22/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.00	10/22/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	36.50	10/29/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	4.25	10/29/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	39.75	11/5/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	13	0.25	11/5/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	13	2.00	11/5/2011	7/11/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
PUTMAN, THURMAN	CMSALC	12	31.50	11/12/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	3.75	11/12/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	38.00	11/19/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.25	11/19/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	30.50	11/26/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	13	3.25	11/26/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	60	8.00	11/26/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	39.50	12/3/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.00	12/3/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	40.00	12/10/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	2.00	12/10/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	40.00	12/17/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	13	2.00	12/17/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	2.25	12/17/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	40.00	12/24/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	13	7.25	12/24/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.25	12/24/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	36.00	12/31/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	2.75	12/31/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	60	8.00	12/31/2011	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	32.00	1/7/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	2.50	1/7/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	60	6.00	1/7/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	32.00	1/14/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.00	1/14/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	63	8.00	1/14/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	32.00	1/21/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	2.00	1/21/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	63	8.00	1/21/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	37.75	1/28/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.50	1/28/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	37.00	2/4/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	2.50	2/4/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	35.00	2/11/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.25	2/11/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	38.25	2/18/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.25	2/18/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	38.00	2/25/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.50	2/25/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	39.00	3/3/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.50	3/3/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	36.50	3/10/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	2.00	3/10/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	38.00	3/17/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.00	3/17/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	38.00	3/24/2012	7/11/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
PUTMAN, THURMAN	CMSALC	14	1.50	3/24/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	29.00	3/31/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	2.00	3/31/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	37.00	4/7/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.50	4/7/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	37.00	4/14/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.25	4/14/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	31.00	4/21/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.00	4/21/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	61	8.00	4/21/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	37.00	4/28/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	6.00	4/28/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	38.00	5/5/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.25	5/5/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	30.50	5/12/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.25	5/12/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	38.00	5/19/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.00	5/19/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	38.00	5/26/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.00	5/26/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	29.50	6/2/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.25	6/2/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	60	8.00	6/2/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	39.00	6/9/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.90	6/9/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	40.00	6/16/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.75	6/16/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	40.00	6/23/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.75	6/23/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	35.75	6/30/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.50	6/30/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	30.50	7/7/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.50	7/7/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	60	8.00	7/7/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	38.00	7/14/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.25	7/14/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	38.25	7/21/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.25	7/21/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	38.50	7/28/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	3.00	7/28/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	39.00	8/4/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	31.00	8/11/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	61	8.00	8/11/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	30.00	8/18/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	2.25	8/18/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	38.50	8/25/2012	7/11/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
PUTMAN, THURMAN	CMSALC	14	1.50	8/25/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	12	32.00	9/1/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	14	1.50	9/1/2012	7/11/2011	NA
PUTMAN, THURMAN	CMSALC	63	8.00	9/1/2012	7/11/2011	NA
SIMPSON, SERENA	CMSALC	18	24.00	2/26/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	40.00	3/5/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	13	1.25	3/5/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	14	2.00	3/5/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	20.00	3/12/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	40.00	3/19/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	13	0.50	3/19/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	39.50	3/26/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	14	1.65	3/26/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	40.00	4/2/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	13	1.25	4/2/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	14	1.25	4/2/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	37.50	4/9/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	14	3.75	4/9/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	40.00	4/16/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	14	2.50	4/16/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	21.25	4/23/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	14	1.25	4/23/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	38.50	4/30/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	14	2.75	4/30/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	37.00	5/7/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	14	6.25	5/7/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	21.75	5/14/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	14	4.75	5/14/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	27.50	5/21/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	14	3.00	5/21/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	38.00	5/28/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	14	4.00	5/28/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	35.25	6/4/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	14	2.00	6/4/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	60	6.00	6/4/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	40.00	6/11/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	14	1.25	6/11/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	61	4.00	6/11/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	63	20.00	6/11/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	21.00	6/18/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	14	2.00	6/18/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	67	8.00	6/18/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	37.25	6/25/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	14	4.75	6/25/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	39.00	7/2/2011	5/19/2006	7/6/2011

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
SIMPSON, SERENA	CMSALC	14	3.75	7/2/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	12	16.00	7/9/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	14	1.50	7/9/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	60	6.00	7/9/2011	5/19/2006	7/6/2011
SIMPSON, SERENA	CMSALC	67	24.00	8/20/2011	5/19/2006	7/6/2011
TIMLER, SUSAN	CMSALC	18	25.50	2/26/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	40.00	3/5/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	13	0.25	3/5/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	40.00	3/12/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	13	9.50	3/12/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	40.00	3/19/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	13	1.50	3/19/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	40.00	3/26/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	13	5.00	3/26/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	40.00	4/2/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	13	2.00	4/2/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	2.00	4/2/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	40.00	4/9/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	3.00	4/9/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	39.75	4/16/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	2.00	4/16/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	39.00	4/23/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	2.50	4/23/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.50	4/30/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	3.75	4/30/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.25	5/7/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	5.00	5/7/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	40.00	5/14/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	13	0.25	5/14/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	5.25	5/14/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.50	5/21/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	4.50	5/21/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.25	5/28/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	4.50	5/28/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	36.00	6/4/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	3.50	6/4/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	60	6.00	6/4/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	37.25	6/11/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	2.25	6/11/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	39.00	6/18/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	4.00	6/18/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	37.00	6/25/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	4.25	6/25/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	32.00	7/2/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	63	3.00	7/2/2011	2/23/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
TIMLER, SUSAN	CMSALC	12	36.25	7/9/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	13	1.25	7/9/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	2.00	7/9/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	60	6.00	7/9/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	39.00	7/16/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	4.50	7/16/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.00	7/23/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	3.25	7/23/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	37.75	7/30/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	2.75	7/30/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	37.00	8/6/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.50	8/6/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	34.75	8/13/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	3.00	8/13/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	33.00	8/20/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	3.50	8/20/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	16.00	8/27/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.25	8/27/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	18	8.00	8/27/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	61	16.00	8/27/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	32.00	9/3/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	9.00	9/3/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	17	6.50	9/3/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	31.00	9/10/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	60	8.00	9/10/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.50	9/17/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	13	1.50	9/17/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	13	2.25	9/17/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.50	9/24/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	3.00	9/24/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	37.50	10/1/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	3.75	10/1/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.75	10/8/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	2.00	10/8/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.25	10/15/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	13	1.25	10/15/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	13	1.75	10/15/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.00	10/22/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	0.50	10/22/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	37.00	10/29/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	2.75	10/29/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.25	11/5/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	13	1.50	11/5/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.00	11/12/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	3.00	11/12/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	35.50	11/19/2011	2/23/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
TIMLER, SUSAN	CMSALC	14	1.50	11/19/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	30.00	11/26/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	13	1.00	11/26/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	60	8.00	11/26/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	36.00	12/3/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	0.25	12/3/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	37.00	12/10/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.50	12/10/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	63	1.00	12/10/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.00	12/17/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.75	12/17/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	30.00	12/24/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	33.00	12/31/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	0.75	12/31/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	60	8.00	12/31/2011	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	31.00	1/7/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.75	1/7/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	60	6.00	1/7/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.00	1/14/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	0.75	1/14/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.00	1/21/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.00	1/21/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.00	1/28/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.00	1/28/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.00	2/4/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.00	2/4/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	34.75	2/11/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	0.50	2/11/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	63	3.25	2/11/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.00	2/18/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	0.75	2/18/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	34.00	2/25/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.00	2/25/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	63	4.00	2/25/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.00	3/3/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	0.75	3/3/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	36.25	3/10/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.25	3/10/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.00	3/17/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.50	3/17/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.00	3/24/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	0.75	3/24/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	34.00	3/31/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.50	3/31/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	63	2.00	3/31/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	35.75	4/7/2012	2/23/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
TIMLER, SUSAN	CMSALC	14	0.75	4/7/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	35.75	4/14/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.25	4/14/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	16.00	4/21/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	0.75	4/21/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	63	8.00	4/21/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	67	16.00	4/21/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	32.25	4/28/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	0.75	4/28/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	63	2.50	4/28/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	29.00	5/5/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	0.25	5/5/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	63	8.00	5/5/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	38.00	5/12/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	2.00	5/12/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	36.50	5/19/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	0.75	5/19/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	36.00	5/26/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.50	5/26/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	25.75	6/2/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	0.25	6/2/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	60	8.00	6/2/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	31.50	6/9/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	0.65	6/9/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	63	4.25	6/9/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	34.00	6/16/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.75	6/16/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	29.75	6/23/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.50	6/23/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	29.00	6/30/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.50	6/30/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	23.50	7/7/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.75	7/7/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	60	6.00	7/7/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	5.25	7/14/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	0.50	7/14/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	67	16.00	7/14/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	28.00	7/21/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	30.25	7/28/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	2.75	7/28/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	30.25	8/4/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	24.50	8/11/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	32.75	8/18/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	2.50	8/18/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	23.50	8/25/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	1.50	8/25/2012	2/23/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
TIMLER, SUSAN	CMSALC	67	6.00	8/25/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	12	29.00	9/1/2012	2/23/2011	NA
TIMLER, SUSAN	CMSALC	14	0.50	9/1/2012	2/23/2011	NA
UDDIN, DEWAN	FITLC	1	31.75	5/28/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	38.25	6/4/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	60	6.00	6/4/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	39.00	6/11/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	38.00	6/18/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	30.00	6/25/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	37.25	7/2/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	38.25	7/9/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	7/16/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	30	0.75	7/16/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	7/23/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	30	0.25	7/23/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	37.00	7/30/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	39.25	8/6/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	31.75	8/13/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	8/20/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	30	0.75	8/20/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	39.00	8/27/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	30.75	9/3/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	24.25	9/10/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	30	6.75	9/10/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	60	8.00	9/10/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	9/17/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	30	0.50	9/17/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	9/24/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	30	2.00	9/24/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	37.75	10/1/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	39.50	10/8/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	39.25	10/15/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	38.25	10/22/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	10/29/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	30	0.25	10/29/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	39.25	11/5/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	11/12/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	30	0.25	11/12/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	39.75	11/19/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	32.00	11/26/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	60	8.00	11/26/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	12/3/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	12/10/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	39.75	12/17/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	12/24/2011	5/25/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
UDDIN, DEWAN	FITLC	1	24.00	12/31/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	60	8.00	12/31/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	63	8.00	12/31/2011	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	32.00	1/7/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	60	6.00	1/7/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	39.75	1/14/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	42	5.75	1/14/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	1/21/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	1/28/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	18.00	2/4/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	70	21.00	2/4/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	39.50	2/11/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	2/18/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	2/25/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	3/3/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	38.25	3/10/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	3/17/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	27.00	3/24/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	61	8.00	3/24/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	67	39.00	3/31/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	8.00	4/7/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	61	7.60	4/7/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	4/14/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	4/21/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	4/28/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	30	2.00	4/28/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	5/5/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	5/12/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	5/19/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	32.00	5/26/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	63	8.00	5/26/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	32.00	6/2/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	60	8.00	6/2/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	6/9/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	6/16/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	6/23/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	32.25	6/30/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	63	7.75	6/30/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	37.75	7/7/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	60	8.00	7/7/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	7/14/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	7/21/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	7/28/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	8/4/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	39.50	8/11/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	40.00	8/18/2012	5/25/2011	NA

Name	Job Code	Pay Code	Hours Paid	W/E Date	DOH	Term Date
UDDIN, DEWAN	FITLC	1	39.50	8/25/2012	5/25/2011	NA
UDDIN, DEWAN	FITLC	1	31.75	9/1/2012	5/25/2011	NA

# **Union Exhibit 41**



# Brooks Brothers

## New Hire Paperwork Checklist

Manager: Ensure all documents have been filled out completely and routed to the appropriate location.

Document	What to do with document	Completed
Application for Employment	Retain in store file	<input type="checkbox"/>
Reference Checks (2)	Retain in store file	<input type="checkbox"/>
Associate Data Worksheet	Fax to Payroll (860) 253 - 4476 or send electronically to PayrollBrooksBrothers@retailbrandalliance.com	<input type="checkbox"/>
Federal Tax (W-4)	Fax to Payroll (860) 253 - 4476	<input type="checkbox"/>
State Withholding (if applicable)	Fax to Payroll (860) 253 - 4476	<input type="checkbox"/>
I-9 Documentation	Retain in store file	<input type="checkbox"/>
Direct Deposit Authorization (if associate elected)	Fax to Payroll (860) 253 - 4476	<input type="checkbox"/>
Employment Screening Inquiry (for Associates Holding Keys)	Fax to Loss Prevention (718) 609 -4430 Retain one copy in store file	<input type="checkbox"/>
Union Dues Cards (2) (only applicable for stores with union associates)	Send one to the Benefits Department Send one to the Union	<input type="checkbox"/>
HIPPA Confidential Agreement	Make 3 copies and distribute as follows: Fax to Benefits at (860) 741-6285 or (860) 741-3171 Or send electronically to PeopleServices@Retailbrandalliance.com Retain in Store File Give to Associate	<input type="checkbox"/>
HIPPA Privacy Notice	Give to Associate	<input type="checkbox"/>
Associate Handbook	Retain Sign-off form in store file	<input type="checkbox"/>
Business Card Request	Fax to Purchasing at (860) 253-4463 Or email request to purchasingassociates@retailbrandalliance.com	<input type="checkbox"/>

### All Benefits-Eligible Associates

<b>Benefits Enrollment Information</b> <i>Print Benefits Enrollment, Benefits Guide and Associate Contributions Information</i>	Fax completed documents to Benefits Department. Forms must be received within 31 days of hire ( <b>NO EXCEPTIONS</b> ). Fax 860-741-6285 or 860-741-3171	<input type="checkbox"/>
--	---	--------------------------

X Associate Signature *Maria Fernandez* Date 5-5-11

Manager Signature *[Signature]* Date 5-5-11

Rev: 7/1/10

BROOKS BROTHERS

JOB #113

DATE TIME  
001 6/21 13:27

TO/FROM  
+8602534476 EC--S

MODE  
02' 50"

PGS  
021

STATUS  
OK

*Brooks Brothers*

facsimile transmittal .....

To: Karen Leduc Fax: 860-253-4476

From: Marcela Date: 6-21-11

Re: Increase Fitter/Tailor Pages: (2)

NOTES:

Hello Karen,  
I'm faxing to you too the new  
increase for Fitter/Tailor dept I  
faxed already to People Service (Benefits)  
Thank you for you HELP!!  
Regards, Marcela ☺

346 Madison Avenue • New York, NY 10017 • Phone 212-682-8800 • Fax 212-309

CURRENT, RELEVANT, CLASSIC .....

BROOKS BROTHERS

JOB #910

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	STATUS
001	5/06 09:37	+8602534476	EC--S	00' 31"	003	OK

*Brooks Brothers*

facsimile transmittal .....

To: Karen LeDuc      Fax: 860-253-4476  
 From: Marcela      Date: May 6th 2011  
 Re: New Hire      Pages: ③

NOTES: Good Morning Karen,

M. Fernandez is the new Fitter/Tailor  
Hire, pls. we need her I.D.#s \_\_\_\_\_!

Thanks,  
Marcela

PLEASE PRINT CLEARLY

# BROOKS BROTHERS ASSOCIATE DATA WORKSHEET

Name: [REDACTED]

Store # 6164

SSN # [REDACTED]

PLEASE CHECK ONE:  New Hire  Rehire  Changes  Termination

### RATE OF PAY:

\*(Hourly rate of pay for hourly Associates; Annual rate of pay for salaried Associates)

Job Code FTLC

Hourly Associate: \$ 23.00

Salaried Associate: \$

Commission Location #

Date Started 5/5/11

Birth date [REDACTED]

### STATUS:

- Salaried
- Hourly - 30+ hrs/wkly - Benefits eligible
- Hourly - 20-29.9 hrs/wkly - Benefits eligible
- Hourly - <19.9 hrs/wkly - NOT Benefits eligible

- Long Term Contingent (More than 10 days)  
Drug tests not required for the following status
- Short Term Contingent (Less than 10 days)
- Holiday (October - December)

- Non Union
- Union
- Union Only
- Union #
- Standard Hrs

Gender F F-(Female) M-(Male)

Veteran Status - N-(Non-Vet) Y-(Vet) V-(Vietnam Era Vet (1962-75))

Disabled Status - Y-(Yes) N-(No)

Marital Status M S-(Single) / M-(Married) / D-(Divorced) / W-(Widow)er

Disabled Vet - Y-(Yes) N-(No)

Ethnic Code 3 1-Caucasian/ 2-African American/ 3-Hispanic/ 4-Asian American/ 5-American Indian/ 6-Other

Education NA Date Attained Degree / / Major subject / /

Hire Source ER

Drug Test Verification Y Y-(Yes) N-(No) ALL ASSOCIATES MUST BE DRUG TESTED EXCEPT HOLIDAY AND SHORT TERM CONTINGENTS

Street Address [REDACTED] Apt # \_\_\_\_\_

City [REDACTED] State [REDACTED] Zip Code [REDACTED]

Home Phone [REDACTED] Cell Phone [REDACTED]

### TAX INFORMATION:

Tax Marital Status M Federal M State M SSN# [REDACTED]

S-(Single) / M-(Married) / H-(Head of Household)

# of Exemptions 0

Extra Withholding (if desired) \$  \$

County of Residence \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Last Name [REDACTED] First Name [REDACTED]

Relationship [REDACTED] Emergency Phone [REDACTED]

### TERMINATION INFORMATION:

Reason Code \_\_\_\_\_ Termination Date / /

PTO/Vacation Hours Due \_\_\_\_\_ Last Day Worked / /

Severance Hours Due (if any) \_\_\_\_\_ Weekly  Lump Sum  Rehire Eligibility Y-(Yes) N-(No)

Comments: \_\_\_\_\_

\* Associate Signature: [REDACTED] \* Date 5/5/11

First Level Signature: [Signature] Date 5/5/11

Second Level Signature: [Signature] Date 5/5/11

# Form W-4 (2011)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 18, 2012. See Pub. 506, Tax Withholding and Estimated Tax.

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

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

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

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

**Nonresident alien.** If you are a nonresident alien, see Notice 1382, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$81,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$81,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children . . . . .</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ <b>H</b> _____	<b>H</b> _____

For accuracy, complete all worksheets that apply.   

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-2159 <h1 style="font-size: 2em;">2011</h1>
1 Type or print your first name and middle initial. <span style="float: right;">2 Your social security number</span>		
Home address (include apartment and street or rural route)		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>0</u>
6 Additional amount, if any, you want withheld from each paycheck		6 <u>\$ 50.00</u>
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> 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.) ▶		* Date ▶ <u>5-5-11</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

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

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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		Date (month/day/year)

CLASS:D

# NEW JERSEY

Motor Vehicle  
Commission

## AUTO DRIVER LICENSE

*Class: D*

DOB: [REDACTED]

ISSUED: [REDACTED]

EXPIRES: [REDACTED]

SEX: M HT: 5'8" EYES: [REDACTED]

*Travis*



MF03-23-1966



**ENDORSEMENTS:**

**RESTRICTIONS:**

1-Corrective Lenses Required

Visit us at:

[www.nmvtc.gov](http://www.nmvtc.gov)



Place Change of Address  
Sticker Within Bracket Area



028018431309142

BROOKS BROTHERS

JOB #911

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	STATUS
001	5/06 09:44	860 741 6285	EC--S	00' 28"	001	OK

### HIPAA CONFIDENTIALITY AGREEMENT

I, [REDACTED] have read and understand Retail Brand  
 (Print Name)

Alliance, Inc.'s policies regarding the privacy of individually identifiable health information (or Protected Health Information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that this notice serves as my initial training in RBA's policies concerning PHI use, disclosure, storage and destruction as required by HIPAA.

In consideration of my employment or compensation from Retail Brand Alliance, Inc., I hereby agree that I will not at any time, either during my employment or association with RBA, or after my employment or association ends, use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with RBA, as set forth in RBA's privacy policies and procedures or as permitted by HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with RBA, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Retail Brand Alliance, Inc., policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including termination of employment or association with Retail Brand Alliance, Inc., and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will remain in effect even after the termination of my employment or end of my association with Retail Brand Alliance, Inc., regardless of the reason for such termination.

Signature: [REDACTED] Date: 5-5-11  
 Associate ID No.: \_\_\_\_\_

**Please make 3 copies and distribute as follows:**

**Associate**  
**Store Associate File**  
**Benefits Department ( fax this form to the People Services Department at (860)741-6285 or (860)741-3171)**

BROOKS BROTHERS

JOB #912

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	STATUS
001	5/06	09:43	8607413171	EC--S	00' 11"	001 OK

### HIPAA CONFIDENTIALITY AGREEMENT

✓ I, [Redacted] (Print Name) have read and understand Retail Brand

Alliance, Inc.'s policies regarding the privacy of individually identifiable health information (or Protected Health Information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that this notice serves as my initial training in RBA's policies concerning PHI use, disclosure, storage and destruction as required by HIPAA.

In consideration of my employment or compensation from Retail Brand Alliance, Inc., I hereby agree that I will not at any time, either during my employment or association with RBA, or after my employment or association ends, use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with RBA, as set forth in RBA's privacy policies and procedures or as permitted by HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with RBA, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Retail Brand Alliance, Inc., policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including termination of employment or association with Retail Brand Alliance, Inc., and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will remain in effect even after the termination of my employment or end of my association with Retail Brand Alliance, Inc., regardless of the reason for such termination.

Signature:

[Redacted Signature]

Date:

5-5-11

Associate ID No.:

\_\_\_\_\_

*Please make 3 copies and distribute as follows:*

**Associate**

**Store Associate File**

**Benefits Department ( fax this form to the People Services Department at (860)741-8285 or (860)741-3171)**

## HIPAA CONFIDENTIALITY AGREEMENT

I, [REDACTED] (Print Name) have read and understand Retail Brand

Alliance, Inc.'s policies regarding the privacy of individually identifiable health information (or Protected Health Information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that this notice serves as my initial training in RBA's policies concerning PHI use, disclosure, storage and destruction as required by HIPAA.

In consideration of my employment or compensation from Retail Brand Alliance, Inc., I hereby agree that I will not at any time, either during my employment or association with RBA, or after my employment or association ends, use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with RBA, as set forth in RBA's privacy policies and procedures or as permitted by HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with RBA, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

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I understand that this obligation will remain in effect even after the termination of my employment or end of my association with Retail Brand Alliance, Inc., regardless of the reason for such termination.

Signature: [REDACTED]

Date: 5-5-11

Associate ID No.: \_\_\_\_\_

**Please make 3 copies and distribute as follows:**

**Associate**

**Store Associate File**

**Benefits Department ( fax this form to the People Services Department at (860)741-6285 or (860)741-3171)**

# FULL - TIME FLEXIBLE BENEFITS and PART-TIME PLUS (Retail Only)

RETAIL BRAND ALLIANCE, INC. / BROOKS BROTHERS

People Services

P.O. Box 1700

Enfield, CT 06083-1700

This form must be completed and sent:

By the date specified in the Annual Enrollment package.

Within 31 days of the following events:

The Date you are hired full time.

The Date you experience a family status change.

The Date you transfer employment status.

FAX: (860) 741-6285 or (860) 741-3171

HOME OFFICE USE ONLY

Date Received \_\_\_\_\_

Effective Date \_\_\_\_\_

**SECTION A ASSOCIATE INFORMATION (Complete ALL of section A)**  Check here if this is updated contact information

Name (Last, First, MI) \_\_\_\_\_ Social Security # \_\_\_\_\_ Reason for Application  
 Hire (due 31 days from DOH)  
 Status Change (Complete Section J)  
 Annual Enrollment (due by Nov. 22, 2010)

Store # \_\_\_\_\_ Date of Hire \_\_\_\_\_ Marital Status  Single  Married  
 Home Phone # \_\_\_\_\_

**SECTION B HEALTH BENEFIT (PART TIME PLUS ONLY eligible for Low PPO Choice Plus/Freedom)**

**MEDICAL PLAN**  One:  
 I Decline Coverage  
 Option 1 HIGH PPO Choice Plus/Freedom  
 Option 2 LOW PPO Choice Plus/Freedom  
 Option 3 EPO  
 Option 4 (HMO) Name of HMO \_\_\_\_\_  
 Options 3 & 4 Complete Section C (PCP # or name) \_\_\_\_\_

**MEDICAL COVERAGE**  One:  
 Associate  
 Associate Plus Child  
 Associate Plus Spouse  
 Associate Plus Children  
 Family

**SECTION C FAMILY INFORMATION (List all family members to be covered including yourself)**

RELATIONSHIP	COVERAGE	HANDICAPED Y/N	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	MEDICAL ID # OR NAME	DENTAL ID
SELF	Medical <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/>	N					
Associate							
Dependent 1							
Dependent 2							
Dependent 3							
Dependent 4							

Are you or any of your dependents eligible for Medicare?  Yes  No  
 Are you or any of your dependents eligible to participate in a medical or dental plan of their employer?  Yes  No

If more space is needed, use back of this white form  
 Do you or any of your dependents have coverage under any other medical plan?  Yes  No If yes, please complete:

Name of Spouse/Dependent \_\_\_\_\_ Employer Name \_\_\_\_\_ Individual or Family Membership  Insurance Co. Name \_\_\_\_\_  
 Name \_\_\_\_\_ Graduation Date \_\_\_\_\_

**SECTION D ASSOCIATE LIFE/AD&D (/One)**

Option 1 1x pay  Option 4 4x pay  
 Option 2 2x pay  Option 5 5x pay  
 Option 3 3x pay

**SECTION E SPOUSE LIFE (/One-CAN BE NO MORE THAN 1/2 OF ASSOCIATE COVERAGE)**

I Decline Coverage  Option 3 \$15,000  
 Option 1 \$5000  Option 4 \$20,000  
 Option 2 \$10,000  Option 5 \$30,000

**SECTION F CHILD LIFE (/One)**

I Decline Coverage  Option 2 (\$5,000)  
 Option 1 (\$2,000)  Option 3 (\$10,000)

**SECTION G SHORT TERM DISABILITY (Hourly Associates Complete)**

Hourly Associates  I elect coverage  
 Salaried Associates  
 \* Salaried Associates automatically enrolled

**SECTION H LONG TERM DISABILITY**

I Decline Coverage  
 Option 1 (40%) (max \$10,000)  
 Option 2 (50%) (max \$12,500)  
 Option 3 (60%) (max \$15,000)

**SECTION I FLEXIBLE SPENDING ACCOUNT**

HEALTHCARE SPENDING ACCOUNT  
 I Decline Coverage  
 I Elect Coverage \$ \_\_\_\_\_ Weekly Election Amount (through the end of year)

DEPENDENT CARE SPENDING ACCOUNT  
 I Elect Coverage \$ \_\_\_\_\_ Election Annual Amount (through the end of year)

**SECTION J STATUS CHANGE (Complete this section when requesting a change)**

I request a change in coverage due to the following status change (/one) \* Supporting documentation required

Date of Event \_\_\_\_\_

Part Time to Full Time  
 Part Time Plus to Full Time  
 Full Time to Part Time Plus  
 Marriage  
 Divorce  
 Birth/Adoption  
 Death of spouse/dependent  
 Spouse beginning/ending job/benefits  
 Other \_\_\_\_\_

\* Supporting documentation required

I hereby certify that the information supplied above is true to the best of my knowledge and that I have received and read the benefits materials described in my Employer's benefit announcement. I desire the coverage as indicated and intend the above-stated elections to remain in effect until written notice to the Plan Administrator, in accordance with the terms of the Plan. I authorize my Employer to deduct from my pay my contribution (if any) to the cost of such coverage. I am aware if I leave the company that my benefits will last until the end of the month in which my last day worked is in and that deductions will be taken out of my last check to cover any deductions that are needed. Further, I hereby authorize any provider of health services (or any other agency or entity) to provide, upon request, any information concerning the health, conditions or treatment of any covered person whenever such information is considered necessary to deliver medical care, the proper disposition of a claim submitted for payment, medical management or in fulfillment of obligations imposed by State or Federal Law.

Signature: \_\_\_\_\_ Date: 6/18/11  
 Revised 10-10 \_\_\_\_\_ White Copy; Benefits Department Pink Copy; Associate for verification purposes



# BROOKS BROTHERS PERFORMANCE REVIEW AND DEVELOPMENT

## PART II: LIVING THE BRAND

	RATING	
	Associate	Manager
<b>LEADING THE WAY:</b> Oversee work assigned by manager, ensure quality and quantity of work, record and communicate all direct support, coordinate and manage work activities, attend to client needs, provide information, maintain and update work records, ensure and track the business, maintain responsibility for self.	3	3
<b>LIVING THE VALUES:</b> Uphold the company's values and standards in all actions, demonstrate the company's values with customers and colleagues, maintain a positive attitude, adhere to the company's policies and procedures, and maintain a professional appearance.	3	3
<b>FOCUSING ON THE CUSTOMER:</b> Provide excellent customer service, respond to customer needs, and ensure customer satisfaction, maintain a positive attitude, and ensure customer privacy and confidentiality.	3	3
<b>DRIVING FOR RESULTS:</b> Meet or exceed sales goals, maintain accurate records, and ensure the accuracy of work, maintain a positive attitude, and ensure customer privacy and confidentiality.	3	3

**ASSOCIATE SUPPORTING COMMENTS:**

**MANAGER SUPPORTING COMMENTS:**  
 [redacted] is very good at communicating to management any discrepancies in tickets made out by associates. She does excellent alteration work and is usually sought out by our clients and sales people alike. [redacted] needs to take more initiative and be a proactive member of the team and use her downtime efficiently to help in other areas of the business (sales floor) with the exception of the alterations room, also it is very important that [redacted] study the alteration prices as to give clear, precise and relevant information to the clients and sales associates becoming the expert in her field.

<b>SECTION WEIGHTING</b>	20%	<b>ASSOCIATE RATING</b>		<b>MANAGER RATING</b>	3	<b>FINAL RATING</b>	3
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## Part III: SUPPORTING THE COMPANY INITIATIVES

Support the implementation of enabling initiatives aligned with Company growth and profitability strategies. Support and participate in Company change initiatives and workgroup activities.

**ASSOCIATE SUPPORTING COMMENTS:**

## BROOKS BROTHERS PERFORMANCE REVIEW AND DEVELOPMENT

**MANAGER SUPPORTING COMMENTS:**

██████ needs to be more available and flexible with her schedule to meet the company goals and agenda. Overall she has a positive attitude, gets along well with others and is usually highly recommended by our associates.

<b>SECTION WEIGHTING</b>	10%	<b>ASSOCIATE RATING</b>		<b>MANAGER RATING</b>	3	<b>FINAL RATING</b>	3
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**STORE FINANCIAL METRICS**

Sites						Inventory Results			
FALL			%	%		Plan	Actual	Variance	%
SPRING	1215	1268	+4.4	+1.9%	+3.3%	2.00%	3.54%		
TOTAL	1215	1268	+4.4	+1.9%	+3.3%	8.00%	13.02%		

**PART IV: OVERALL PERFORMANCE RATING/COMMENTS**



**ASSOCIATE SUPPORTING COMMENTS:**



**MANAGER SUPPORTING COMMENTS:**

Overall ██████ has been a positive member of this team however, ██████ must make a better effort to get here on time for her schedule shift, be more flexible with her schedule as well as, managing her time on the sales floor and alteration work room more efficiently .

<b>ASSOCIATE RATING</b>		<b>MANAGER RATING</b>	3	<b>FINAL RATING</b>	3
-------------------------	--	-----------------------	---	---------------------	---

Current Salary: \$23.60hr

% Merit Increase: .41cents

New Salary: \$24.01hr

Fall Season Bonus: \$0

Spring Season Bonus: \$0

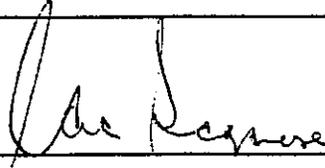
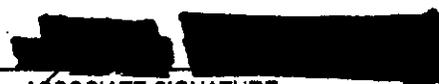
Total Bonus: \$0

**PART V: INDIVIDUAL DEVELOPMENTAL GOALS**

Consider opportunities for professional growth (i.e. company training programs, seminars/classes, additional responsibilities, committee involvement, and higher levels of education) that support overall job accountabilities		Estimated Completion Date
Goal	Action Plan	

**BROOKS BROTHERS  
PERFORMANCE REVIEW AND DEVELOPMENT**


**SIGNATURES:**

	10.8.11		10-8-11
REVIEWING MANAGER'S SIGNATURE	DATE	ASSOCIATE SIGNATURE	DATE



*Brooks Brothers*  
*JOB SEARCH ASSISTANCE*

We are here to help you to get started with your transition. Lee Carpenter, Brooks Brothers Employment Manager, has extensive experience with resume writing, networking and interview preparation. He has a sizable personal network he is willing to share with you along with a keen understanding of the retail employment market.

We encourage you to reach out to Lee and to take advantage of this valuable resource.

Lee Carpenter -- [lcarpenter@brooksbrothers.com](mailto:lcarpenter@brooksbrothers.com) or (954)583-2540, ext. 3682



March 31, 2010

Dear Prospective Employer:

Recently, for business reasons, Brooks Brothers made the decision to close our retail store located in West Nyack, NY. Through no fault of her own and as a consequence of the store closing, [REDACTED] position was eliminated on March 31, 2010. [REDACTED] has been employed with Brooks Brothers for ten years and performed well in fulfilling her job responsibilities as a Fitter Tailor.

As an organization, one of our core values is a commitment to relationships; accordingly, we have great respect for the many contributions [REDACTED] made to Brooks Brothers during her employment with us and to the many relationships she established with customers and colleagues.

Please accept this as a letter of reference. If we can be of further assistance, please do not hesitate to contact me at (860)741-0771 ext. 6245.

We wish [REDACTED] the very best in her future endeavors.

Sincerely,

Jayne Bernardy

Manager of Associate Relations  
Brooks Brothers

ASSOCIATE ACKNOWLEDGEMENT

I, [REDACTED], have read and understand Brooks Brothers policies regarding the privacy of individually identifiable health information (or Protected Health Information (PHI), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPPA). In addition, I acknowledge that this notice serves as my initial training in Brooks Brothers policies concerning PHI use, disclosure, storage and destruction as required by HIPPA.

In consideration of my employment or compensation from Brooks Brothers, I hereby agree that I will not at any time, either during my employment or association with Brooks Brothers, or after my employment or association ends, use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with Brooks Brothers, as set forth in Brooks Brothers privacy policies and procedures or as permitted by HIPPA.

I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with Brooks Brothers, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Brooks Brothers, policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including termination of employment or association with Brooks Brothers, and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will remain in effect even after the termination of my employment or end of my association with Brooks Brothers, regardless of the reason for such termination.

I have also received a copy of the Company's Associate Handbook. I acknowledge I am responsible for reading and complying with the policies and procedures contained herein. Failure to comply with the policies and procedures indicated within may result in disciplinary action up to and including termination.

I understand that my employment can be terminated at any time.

Signature: [REDACTED]

Date: 5-6-11

Associate ID No.: [REDACTED]

*Detach and File in Associate's File.*

CHAIN OF CUSTODY FORM

SPECIMEN ID NO. 0993970291

LAB ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.		B. MRO Name, Address, Phone and Fax No.	
C. Donor SSN or Employee I.D. No.		D. Reason for Test: <input checked="" type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Periodic <input type="checkbox"/> Other	
E. Collection Site Address:		Collector Phone No.	
F. Donor Identification Verified By: <input checked="" type="checkbox"/> Photo I.D. <input type="checkbox"/> Employer Representative		Collector Fax	

LabCorp X02106/NYP247  
109 Audubon Ave  
New York, NY 10032

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F?  Yes  No, Enter Remark Below Split Specimen Collection  Yes  No

REMARKS:

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED BY COLLECTOR AND DONOR

G. Daytime Phone No. ( ) Evening Phone No. ( ) Date of Birth ( )

H. TEST(S) REQUESTED BY EMPLOYER:

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

(PRINT) DONOR'S NAME (FIRST, MI, LAST) SIGNATURE OF DONOR INITIAL MONTH DAY YEAR

STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified on this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

(PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

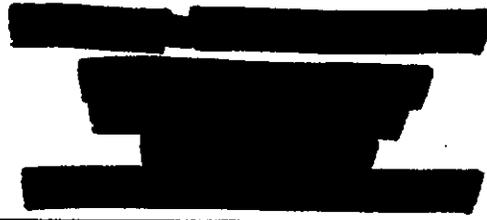
RECEIVED AT LAB:

X Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Date (Mo/Day/Yr.)

Primary Specimen Bottle Seal Intact  Yes  No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

FORM 590 5P BC (REVISED 3/01)



---

**OBJECTIVE:** To obtain a job in a field where I can demonstrate my proficiency in the tailor shop.

**PROFESSIONAL PROFILE**

- **Bilingual (English and Spanish)** Verbal And Written Communication
- Immense ability to control operations of equipment and systems.
- Remarkable ability to determine the kind of tools and equipment needed to do a job.
- Profound ability to listen to and give full attention to what other people are saying, taking time to understand information and ideas presented.

**EDUCATION:**

09/85- 06/86

Meyer School Of Fashion Design

- Coursework consisted of: Drawing, Pattern Making, Textiles, Sewing, Color, Draping,
- Created a portfolio of women wear and evening wear sketches
- Hands on experience of visual presentations

**EMPLOYMENT:**

12/99- 3/10

Brooks Brothers, West Nyack, New York

**Tailor**

- Discuss with customers the type of material used and the design of garments.
- Measure customers and record their sizes.
- Fit garments on customers, and mark areas requiring alterations.
- Press the completed garment to mould and shape it; using hand iron or pressing machine.
- Good communication with salespersons and management.

11/03- 08/05

BOSCOV, Nanuet, New York

**Tailor**

- Examined garment to ascertain necessary alterations
- Helped team members enhance their sales.
- Removed stitches from garment, using ripper or razor blade

12/98- 12/99

The Men's Wearhouse, Nanuet, New York

**Tailor**

- Made sure that customers were properly sized.
- Proficient in marking and sewing garments.
- Helped in keeping the tailor shop clean and organized.
- Sew buttons and buttonholes to finish garment.

**REFERENCE:** Furnished upon request.

**EMPLOYMENT APPLICATION**

# RETAIL BRAND ALLIANCE

ADRIENNE VITTADINI BROOKS BROTHERS CAROLEE

100 Phoenix Avenue, P.O. Box 1700  
Enfield, CT 06083-1700

**PERSONAL INFORMATION**

Date of Application <i>12-3-10</i>	Position Applying For <i>Taylor</i>	Other positions for which you are qualified:		
Last Name <i>FERNANDEZ</i>		First Name <i>MARIA</i>		Middle Name
Present Street Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Prior Street Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Daytime Phone [REDACTED]	Evening Phone <i>( )</i>	Social Security Number [REDACTED]		Do you have a reliable means of transportation Yes <input type="checkbox"/> No <input type="checkbox"/>
E-mail Address [REDACTED]	When can you start? <i>A.S.P</i>	Schedule desired: <input checked="" type="checkbox"/> Full Time Days <input type="checkbox"/> Part Time Days <input type="checkbox"/> Full Time Evenings <input type="checkbox"/> Part Time Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Seasonal		Company/Division Applying To: <input type="checkbox"/> Adrienne Vittadini <input checked="" type="checkbox"/> Brooks Brothers <input type="checkbox"/> Carolee

**MISCELLANEOUS INFORMATION**

List all friends and relatives currently working for us and their location. <i>God Fred RANGE 6010</i> <i>JOSE ROJAS 6002</i>	Will you now or in the future require sponsorship for a visa? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please give details. A prior conviction will not automatically disqualify you from employment. <small>In the state of California only, if you were convicted of unlawful possession and/or transport of marijuana per subdivision (a) or (b) of Section 11361.5 of California's Health and Safety Code, more than two years before the date of completion of this application, you may answer no to this question.</small>
How were you referred to us?	Have you undergone a name change that would hinder our ability to check your previous work history. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please explain.	

Have you ever worked for:

<input type="checkbox"/> Adrienne Vittadini	<input type="checkbox"/> Coren Charles	<input type="checkbox"/> Casual Corner Outlet/Annex	<input type="checkbox"/> Petite Sophisticate Outlet/Annex
<input type="checkbox"/> August Max	<input type="checkbox"/> Career Image	<input type="checkbox"/> Casual Corner Women Outlet/Annex	<input type="checkbox"/> Sunglass Hut
<input type="checkbox"/> August Max Women	<input type="checkbox"/> Career Image Company Store	<input type="checkbox"/> Lenscrafters	<input type="checkbox"/> Ups & Downs
<input checked="" type="checkbox"/> Brooks Brothers	<input type="checkbox"/> Carolee Designs	<input type="checkbox"/> Pappagallo	<input type="checkbox"/> U.S. Shoe
<input type="checkbox"/> Capezio	<input type="checkbox"/> Casual Corner	<input type="checkbox"/> Petite Sophisticate	<input type="checkbox"/> Watch World/Watch Station
If yes, please explain:			

**WORK HISTORY**

**LIST YOUR PREVIOUS EXPERIENCE BEGINNING WITH YOUR MOST RECENT POSITION (Including Military Service, if applicable)**

Start Date <i>12/1/1999</i>	Employer Name <i>Taylor</i>	Starting Position <i>Taylor</i>	Starting Salary <i>\$ 16.50</i>	Major Duties <i>FITTING GARMENTS MEASURE PRESSING MACHINE</i>
Date Left <i>3/31/10</i>	Address	Final Position <i>Taylor</i>	Current Salary <i>\$ 19.40</i>	
List Three Management References:	1) Name/Title Phone [REDACTED]	2) Name/Title Phone [REDACTED]	3) Name/Title Phone	Reason for leaving

Start Date <i>/ /</i>	Employer Name	Starting Position	Starting Salary \$	Major Duties
Date Left <i>/ /</i>	Address	Final Position	Current Salary \$	
List Three Management References:	1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone	Reason for leaving

Start Date <i>/ /</i>	Employer Name	Starting Position	Starting Salary \$	Major Duties
Date Left <i>/ /</i>	Address	Final Position	Current Salary \$	
List Three Management References:	1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone	Reason for leaving

### WORK HISTORY

Start Date / /	Employer Name	Starting Position	Starting Salary \$	Major Duties
Date Left / /	Address	Final Position	Current Salary \$	
List Three Management References:	1) Name/Title    Phone	2) Name/Title    Phone	3) Name/Title    Phone	Reason for leaving

In the past seven years have you been asked to leave the employ of any employer listed or not listed on this application? Yes  No

### EDUCATION AND TRAINING

Type of School	Name and Address of School	Highest Grade Comp	Course of Study	Did you Graduate?	List Diploma or Degree
High School		9 10 11 12		Yes No	
College		13 14 15 16		Yes No	
Other (Specify)		17 18 19 20		Yes No	
Business or Trade		1 2 3 4		Yes No	

### SPECIAL SKILLS

<input type="checkbox"/> Typing ( _____ WPM)	<input type="checkbox"/> Computers (List Programs you know)
<input type="checkbox"/> Word Processing Equipment/Programs	<input type="checkbox"/> Other Skills

### AVAILABILITY - (Hours Available For Work)

Days of the Week	From Time:	To Time:	Comments
Monday	9:30	6:00	
Tuesday	9:30	6:00	
Wednesday	9:30	6:00	
Thursday	9:30	6:00	
Friday	OFF		
Saturday	9:30	6:00	
Sunday	OFF		

I am aware that frequent absences in violation of the Attendance Policy can create a hardship for coworkers and the Company. I am also aware that compliance with the Attendance Policy is an essential function of the job I am seeking. If hired, I can comply with the policy with or without reasonable accommodation.      Yes       No

### DRUG FREE WORK PLACE

Retail Brand Alliance is a Drug-Free Company. As required by our Drug-Free Work Place Policy, all prospective Associates are required to take a drug test prior to being hired with the Company. A summary of this policy is described below.

***If you currently use illegal drugs or abuse legal drugs, you will not be hired.***

#### SCOPE OF POLICY

This policy applies to all Applicants and Associates of Retail Brand Alliance.

#### POLICY VIOLATIONS

The Company feels strongly that drug use in the work place can undermine individual job performance, the security of other Associates and the Company's business. As a result, the following activities are prohibited while on Company premises or while on Company business:

- Using or having detectable levels of illegal drugs in your system or abuse of any drug, controlled substance or chemical.
- Using prescription drugs for any purpose other than as prescribed or by anyone other than the person to whom prescribed.
- The purchase, sale, transfer, possession, manufacture, or distribution of illegal drugs, controlled substances or chemicals.

Engaging in any of these activities will result in disciplinary action, up to and including termination.

#### DRUG TESTING

The Company reserves the right to test applicants and in certain situations test Associates for evidence of substance abuse. Test will screen for abuse of compounds including, but not limited to the following:

- Amphetamines
- Barbiturates
- Propoxyphene

- Cocaine
- Codeine
- Methadone

- Methaqualone
- Morphine
- Benzodiazepines

- Marijuana
- Phencyclidine (PCP)

- Offers of employment will only be made upon successfully passing a Urinalysis Test \*(See exceptions listed in the acknowledgement and consent section of this form).
- No applicant may be considered for regular employment who has not signed the Drug Screening Consent and Release Form.

#### EMPLOYMENT DOCUMENTS

If the Company offers you a position, you will be asked to sign several documents relative to your employment. We have reproduced some of those documents here, along with a brief description for your information only. Should the Company offer you a position and you refuse to sign these documents, the offer of employment will be withdrawn.

#### PLEASE READ EACH STATEMENT CAREFULLY

As you probably know, we generally check references offered by employment applicants, and may go to suitable sources for additional information. Our objective is to obtain information on ability, previous job performance, character and reputation, for the sole purpose of considering you for employment. The state of Maryland, public law 91-508 requires us to tell you this. On your written request, additional information on the nature and scope of inquiries, if any are made, will be provided.

I certify that the information that I have provided on my application, resume, given verbally, or provided on any other material, is true to the best of my knowledge and understand that falsification and/or omission of this information may result in dismissal in accordance with Company Policy. The Company in considering my application for employment may verify the information set forth on this application with exception to any disclosure of disability and/or medical information as prohibited by the ADA. I agree that, before and, in the event that I am hired, at any time during my employment, the Company, in its discretion, may investigate my employment history, education, financial integrity, credit worthiness, and any other aspect of my background and confirm that I have no prior criminal record. For this purpose, I specifically hereby authorize the Company to obtain such credit reports, background checks and other information as may be useful.

In accepting employment, I acknowledge that the policies, benefits, and other programs listed in the benefits booklet and policy manuals do not infer or imply a contract of employment between the Company and myself. I realize that the aforementioned benefits, policies and programs are provided at company discretion and may be changed or eliminated at any time. In consideration of employment, I agree to conform to the rules and regulations of the Company, I also realize that employment is considered to be "at will", during which time my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Company or myself. Furthermore, I understand that Retail Brand Alliance does not enter into contracts of employment with its Associates except in writing signed by an Officer of the Company. I also affirm that I have not signed any kind of restrictive document, creating any obligation to any former employer that would restrict my acceptance of employment with Retail Brand Alliance.

#### MARYLAND LIE DETECTOR LAW

Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

#### MASSACHUSETTS LIE DETECTOR LAW

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer that violates this law shall be subject to criminal penalties and civil liability."

#### ACKNOWLEDGMENT AND CONSENT

##### ACKNOWLEDGEMENT

I hereby acknowledge that I have read and understand all statements made on this application.

##### PRE-EMPLOYMENT AND POST-EMPLOYMENT DRUG SCREENING CONSENT.

I hereby give my voluntary consent for a urine sample to be collected from me and submitted for a drug or controlled substance abuse screening test. I understand that any positive result from such test will preclude my being offered employment (if an applicant) or terminate my continued employment (if current Associate). Further, I understand my failure to execute this voluntary consent will result in my not being further considered for employment (if an applicant).

I hereby consent, if I am an applicant, to the release of the test results to those Company officials who make employment decisions for the Company. Further, if a current Associate, I give my consent for the release of test results to the appropriate Company officials for the determination of continued employment.

##### STATE EXCEPTIONS TO THE POLICY INCLUDE:

If you reside in Maine, Minnesota, Oklahoma, Rhode Island and Vermont, please read the following.

I understand that I will be given an offer of employment prior to submitting to the required pre-employment substance abuse screening test. I further understand that I cannot and will not be hired until I have SUCCESSFULLY completed a pre-employment substance test. I understand I will be given advance written notice of this requirement. I understand that the substances that I will be tested for include but are not limited to those indicated on the top of this page.

NAME (Please print) \_\_\_\_\_ Date \_\_\_\_\_

SIN# 2137  
FORM# 670-9  
REV 9/06

Signature: \_\_\_\_\_

**OUR EMPLOYMENT POLICY**

EQUAL OPPORTUNITY FOR ALL WITHOUT REGARD TO ANY  
PROTECTED CLASS STATUS AS DEFINED BY FEDERAL, STATE OR LOCAL LAW

**NO SMOKING POLICY**

THE FACILITIES OF RETAIL BRAND ALLIANCE INC.  
PROHIBITS SMOKING ON THE PREMISES

**R**ETAIL **B**RAND **A**LLIANCE

100 Phoenix Avenue, P.O. Box 1700  
Enfield, CT 06083-1700



# BROOKS BROTHERS

## ATTENDANCE RECORD

CURRENT YEAR: 4/2011

NAME: [REDACTED] ASSOCIATE #: 330707 STORE/LOCATION: 6064 DATE OF HIRE: 5/4/11 DATE OF BIRTH: / /

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
JANUARY																																
FEBRUARY																																
MARCH																																
APRIL																																
MAY														1/5	1/8	1/10										1/3	1/3					
JUNE								1/7		1/10																						
JULY																																
AUGUST																																
SEPTEMBER																																
OCTOBER																																
NOVEMBER																																
DECEMBER																																

S—Sick/Absent      H—Holiday      D—Disability      A—Leave of Absence  
 L—Late              V—Vacation      W—Worker's Comp  
 P—Personal        B—Bereavement      J—Jury Duty



**BROOKS BROTHERS JOB DATA WORKSHEET**

Name: [REDACTED] Store # 6164 AIN # [REDACTED]

Effective Date 6-12-2011

**1 Action Requested**

- |  |   |
|--|---|
| <input type="checkbox"/> Promotion (Sections 2, 3, 5, & 6) | <input type="checkbox"/> Location (Sections 2, 3, 4, & 6)             |
| <input type="checkbox"/> Demotion (Sections 2, 3, 5, & 6)  | <input type="checkbox"/> Status Change (Sections 2, 3, & 6)           |
| <input type="checkbox"/> Equity (Sections 2, 3, 5, & 6)    | <input type="checkbox"/> Temporary Assignment (Sections 2, 3, 5, & 6) |
|  | <input checked="" type="checkbox"/> Other                             |

**2 CURRENT Job Change NEW**

Title _____	Title _____
Job Code _____	Job code _____

**3 CURRENT Status Change (Check One) NEW**

Salaried _____ 30+ hrs/wkly _____ Contingent _____ <i>Hourly Status</i> 20-29.9 hrs/wkly _____ less than 20 hrs/wkly _____ Standard Hours _____	Salaried _____ 30+ hrs/wkly _____ Contingent _____ <i>Hourly Status</i> 20-29.9 hrs/wkly _____ less than 20 hrs/wkly _____ Standard Hours _____
---	---

**4 CURRENT Location Change NEW**

Store # _____ Union _____ Non Union _____ Commission Location # _____	Store # _____ Union _____ Non Union _____ Commission Location # _____
---	---

**5 Salary Actions**

<b>Promo</b>	Current Pay Rate \$ _____ + Increase Amount \$ _____ = New Pay Rate \$ _____
<b>Demotion</b>	Current Pay Rate \$ _____ - Decrease Amount \$ _____ = New Pay Rate \$ _____
<b>Equity</b>	Current Pay Rate \$ _____ + Increase Amount \$ _____ = New Pay Rate \$ _____
<b>Temp</b>	Temporary Assignment Dates: Start Date _____ End Date _____ Temporary Assignment Pay: 10% \$ _____ or Other \$ _____
<b>Other</b>	Current Pay Rate \$ <u>23.00</u> + Increase Amount \$ <u>-60</u> = New Pay Rate \$ <u>23.60</u>

**6 Approvals**

*Market adjustment*

First Level <u>[Signature]</u> Date <u>6-21-11</u>	Second Level _____ Date _____
--	-------------------------------

**People Services Department Only**

Job Description Match: \_\_\_\_\_

Benchmark Salary Range: \$ \_\_\_\_\_ Min \$ \_\_\_\_\_ Mid \$ \_\_\_\_\_ Max

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax this form to the People Services Department at (860)741-6285 or (860)741-3171 or send electronically to PeopleServices@Retailbrandalliance.com

BROOKS BROTHERS

JOB #110

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	STATUS
001 6/21	13:15	860 741 6285	EC--S	07' 58"	021	OK

# RETAIL BRAND ALLIANCE

## Confidential FAX

DATE: 6-21-2011	NO. of PAGES (Including Cover): 21
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TO: People Services	FROM: Marcela Caceres
COMPANY NAME: R.B.A.	COMPANY NAME: B.B.
FAX NO: 860-741-6285	FAX NO: 212-309-7273
BUSINESS NO: 860-741-0771	BUSINESS NO: 212-309-7256

Urgent     
  For Review     
  Please Comment     
  Please Reply

MESSAGE:

Hello,  
 I need your help for this  
 increase in Fitter/Tailor  
 dept. Any? pls. call me.  
 THANKS, Marcela.

### Confidentiality Notice

This facsimile and the accompanying documents may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

# **Union Exhibit 42**



# Brooks Brothers

## New Hire Paperwork Checklist

Manager: Ensure all documents have been filled out completely and routed to the appropriate location.

Document	What to do with document	Completed
Application for Employment	Retain in store file	<input type="checkbox"/>
Reference Checks (2)	Retain in store file	<input type="checkbox"/>
Associate Data Worksheet	Fax to Payroll (860) 253 - 4476 or send electronically to PayrollBrooksBrothers@retailbrandalliance.com	<input type="checkbox"/>
Federal Tax (W-4)	Fax to Payroll (860) 253 - 4476	<input type="checkbox"/>
State Withholding (if applicable)	Fax to Payroll (860) 253 - 4476	<input type="checkbox"/>
I-9 Documentation	Retain in store file	<input type="checkbox"/>
Direct Deposit Authorization (if associate elected)	Fax to Payroll (860) 253 - 4476	<input type="checkbox"/>
Employment Screening Inquiry (for Associates Holding Keys)	Fax to Loss Prevention (718) 609 -4430 Retain one copy in store file	<input type="checkbox"/>
Union Dues Cards (2) (only applicable for stores with union associates)	Send one to the Benefits Department Send one to the Union	<input type="checkbox"/>
HIPPA Confidential Agreement	Make 3 copies and distribute as follows: Fax to Benefits at (860) 741-6285 or (860) 741-3171 Or send electronically to PeopleServices@Retailbrandalliance.com Retain in Store File Give to Associate	<input type="checkbox"/>
HIPPA Privacy Notice	Give to Associate	<input type="checkbox"/>
Associate Handbook	Retain Sign-off form in store file	<input type="checkbox"/>
Business Card Request	Fax to Purchasing at (860) 253-4463 Or email request to purchasingassociates@retailbrandalliance.com	<input type="checkbox"/>

### All Benefits-Eligible Associates

Benefits Enrollment Information <i>Print Benefits Enrollment, Benefits Guide and Associate Contributions Information</i>	Fax completed documents to Benefits Department. Forms must be received within 31 days of hire (NO EXCEPTIONS). Fax 860-741-6285 or 860-741-3171	<input type="checkbox"/>
---	--	--------------------------

Associate Signature *Dusantumlee* Date 2.23.2011

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Rev: 7/1/10

BROOKS BROTHERS

JOB #606

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	STATUS
001	2/24 16:36	+8602534476	EC--S	02' 06"	011	OK

*Brooks Brothers*

facsimile transmittal .....

To: Katen Le Duc

Fax: 860-253-4476

From: Marcela

Date: 2-24-2011

Re: New Hired  
St. #6164

Pages: 10

NOTES: Hello Katen!

We opened a "New Brooks Brothers Store" #6164, AND we have new HIRED; pls.  
We need an ID #'s \_\_\_\_\_?

Thanks, Marcela 😊

346 Madison Avenue • New York, NY 10017 • Phone 212-682-8800 • Fax 212-309-

CURRENT, RELEVANT, CLASSIC .....

PLEASE PRINT CLEARLY

# BROOKS BROTHERS ASSOCIATE DATA WORKSHEET

Name: [REDACTED]

Store # 6164

SSN # [REDACTED]

PLEASE CHECK ONE:  New Hire  Rehire  Changes  Termination

### RATE OF PAY:

\*(Hourly rate of pay for hourly Associates; Annual rate of pay for salaried Associates)

Job Code  CMSALC

Hourly Associate: \$ 11

Salaried Associate: \$ -

Commission Location #

Date Started 2/23/11

Birth date [REDACTED]

### STATUS:

- Salaried
- Hourly - 30+ hrs/wkly - Benefits eligible
- Hourly - 20-29.9 hrs/wkly - Benefits eligible
- Hourly - <19.9 hrs/wkly - NOT Benefits eligible

- Long Term Contingent (More than 10 days)  
Drug tests not required for the following status
- Short Term Contingent (Less than 10 days)
- Holiday (October - December)

- Non Union
- Union

Union Only

- Union #
- Standard Hrs 30 -

Gender F F-(Female) M-(Male)

Veteran Status N N-(Non-Vet) Y-(Vet) V-(Vietnam Era Vet (1962-75))

Disabled Status N Y-(Yes) N-(No)

Marital Status D S-(Single) / M-(Married) / D-(Divorced) / W-(Widow)er

Disabled Vet N Y-(Yes) N-(No)

Ethnic Code 1 1- Caucasian/ 2-African American/ 3-Hispanic/ 4-Asian American/ 5-American Indian/ 6-Other

Education B.A.

Date Attained Degree 1 / 1966

Major subject Eng. Lit. masters. Crim. Justice

Hire Source SI

Drug Test Verification Y Y-(Yes) N-(No) ALL ASSOCIATES MUST BE DRUG TESTED EXCEPT HOLIDAY AND SHORT TERM CONTINGENTS

Street Address [REDACTED] Apt # [REDACTED]

City [REDACTED] State [REDACTED] Zip Code [REDACTED]

Home Phone [REDACTED] Cell Phone [REDACTED]

### TAX INFORMATION:

Tax Marital Status

Federal H

State \_\_\_\_\_

SSN# 104-34-2509

S-(Single) / M-(Married) / H-(Head of Household)

# of Exemptions 1

Extra Withholding (if desired) \$ \_\_\_\_\_

County of Residence New York City

### EMERGENCY CONTACT INFORMATION:

Last Name [REDACTED]

First Name [REDACTED]

Relationship [REDACTED]

Emergency Phone [REDACTED]

### TERMINATION INFORMATION:

Reason Code \_\_\_\_\_

Termination Date    /   /   

PTO/Vacation Hours Due \_\_\_\_\_

Last Day Worked    /   /   

Severance Hours Due (if any) \_\_\_\_\_ Weekly  Lump Sum

Rehire Eligibility     Y-(Yes) N-(No)

Comments: \_\_\_\_\_

Associate Signature: [REDACTED]

Date 2/23/11

First Level Signature: [Signature]

Date 2/23/11

Second Level Signature: [Signature]

Date 2/23/11

# Form W-4 (2011)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . .	<b>B</b>	<u>1</u>
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>    </u>
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>    </u>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	<u>1</u>
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b>	<u>    </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children . . . . .	<b>G</b>	<u>    </u>
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ For accuracy, complete all worksheets that apply. • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	<b>H</b>	<u>    </u>

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-2159 <b>2011</b>	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Type or print your first name and middle initial.		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.		
City or town, state, and ZIP code			Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 <u>1</u>	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ <u>    </u>	
7 I claim exemption from withholding for 2011, 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 . . . . . ▶ <u>7</u>					
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶ <u>2-28-11</u>	
8 Employer's name and address (Employer: Complete line 8 only if sending to IRS.)			9 Office code (optional)		10 Employer identification number (EIN)

TO: PAYROLL DEPARTMENT  
RE: DIRECT DEPOSIT

**INSTRUCTIONS:**

1. Complete "Associate Section".
2. Have a bank representative complete the "Bank Section".
3. Attach a voided checking account check to the form.
4. Submit the completed form to the Payroll Department.

**NOTE:**

A TWO WEEK WAITING PERIOD is necessary to set you up on Direct Deposit (EFT). You will receive a hard check during that waiting period. UPON RECEIPT OF YOUR FIRST EFT STUB, PLEASE CONFIRM WITH YOUR BANK THAT THIS DEPOSIT HAS BEEN MADE. *CONFIRMATION OF WEEKLY DEPOSITS SHOULD BE MADE PRIOR TO USE OF THE FUNDS.* A change of banks also requires a two-week waiting period. Upon separation from the company, your final paycheck will be a hard check rather than a direct deposit.

**ASSOCIATE SECTION:**

Associate Name: \_\_\_\_\_  
Associate ID Number: \_\_\_\_\_  
Store Number: 6164

Corrections: If my account is credited with an incorrect amount, you are permitted to correct the error with an electronic debit or by paper entry.

Associate Signature: \_\_\_\_\_

**BANK SECTION:**

Bank Name: \_\_\_\_\_  
Bank Routing Number (9 digits): \_\_\_\_\_  
Checking/Savings Account Name(s): \_\_\_\_\_  
Checking Account Number: \_\_\_\_\_  
OR  
Savings Account Number: \_\_\_\_\_  
Bank Contact (Name & Phone Number): \_\_\_\_\_

This is to certify that the above named bank is certified bank eligible to accept Direct Deposit (EFT) of payroll funds for the account number indicated.

Bank Representative Signature & Title: \_\_\_\_\_

Rev. 11/09

*Please fax this form to the Payroll Department at 860-253-4476 as electronic submission is not available at this time.*

© 1988 LE © DELUXE WALLET OR DUPLICATE  
VICTORIAN ROSE



*Pay to the order of*

[Redacted area]

V51D

1-8199  
210

5258

*Pay* \_\_\_\_\_

\$

*Payee*



**citibank**

CITIBANK, N.A. BR. #199  
111 GREAT NECK ROAD  
GREAT NECK, NY 11021

*Officer*

[Redacted area]





## Brooks Brothers

To: Retail Brand Alliance Inc.  
Purchasing Department  
[purchasingassociates@retailbrandalliance.com](mailto:purchasingassociates@retailbrandalliance.com)

From: Store Manager # \_\_\_\_\_

Date:

Re: Brooks Brothers Business Card Order Form
--

Please print the information below:

Name: [REDACTED]
Jobtitle: Sales Associate
Business Address:
Business Telephone number:
Business Facsimile number:
E-mail Address:

Please email to: [purchasingassociates@retailbrandalliance.com](mailto:purchasingassociates@retailbrandalliance.com)  
or fax requests to: (860) 253-4463

*\*Please note that business cards will be shipped within two-three weeks from the time requested.*



**APPLICANT DISCLOSURE AND AUTHORIZATION  
(IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION)**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**Brooks Brothers** (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report.” These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your criminal background history, education and/or employment history conducted by Occuscreen, LLC, 200 Grand Blvd., Suite 200, Vancouver, WA 98661, 888-833-5304, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Occuscreen, LLC, 200 Grand Blvd., Suite 200, Vancouver, WA 98661, 888-833-5304, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

\_\_\_\_\_  
Signature

2-23-11  
\_\_\_\_\_  
Date

\*This information will be used for background screening purposes only and will not be used as hiring criteria.



EMPLOYER: BROOKS BROTHERS

PHONE: 860-741-0774 X 2774

STORE #: 6164

ASSOCIATE/POSITION:

REQUESTED BY: STORE # 6164

In order to process your application, please provide the following information. Include your exact legal name and any other name(s) you may have used in the last seven (7) years.

PRINT CLEARLY IN INK OR TYPE IN ALL INFORMATION. MAKE SURE DISCLOSURE IS SIGNED ABOVE.

FIRST

MIDDLE

LAST

SOCIAL SECURITY #:

BIRTHDATE:

CURRENT STREET ADDRESS

APT

POST OFFICE BOX

CITY

STATE

ZIPCODE

DRIVER LICENSE NUMBER

STATE

**OTHER NAMES USED IN PREVIOUS 7 YEARS**

1. N/A

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

PLEASE PROVIDE CITY, COUNTY, STATE AND ZIPCODE FOR YOUR RESIDENCES IN THE PAST SEVEN (7) YEARS.

BEGIN WITH YOUR MOST RECENT, CURRENT ADDRESS

CITY

COUNTY

ZIP

DATES

1. New York New York 10128 2006- present

2. New York New York 10128 2001- 2006

3. \_\_\_\_\_

4. \_\_\_\_\_

## HIPAA CONFIDENTIALITY AGREEMENT

I, [REDACTED], have read and understand Retail Brand

(Print Name)  
Alliance, Inc.'s policies regarding the privacy of individually identifiable health information (or Protected Health Information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that this notice serves as my initial training in RBA's policies concerning PHI use, disclosure, storage and destruction as required by HIPAA.

In consideration of my employment or compensation from Retail Brand Alliance, Inc., I hereby agree that I will not at any time, either during my employment or association with RBA, or after my employment or association ends, use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with RBA, as set forth in RBA's privacy policies and procedures or as permitted by HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with RBA, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Retail Brand Alliance, Inc., policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including termination of employment or association with Retail Brand Alliance, Inc., and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will remain in effect even after the termination of my employment or end of my association with Retail Brand Alliance, Inc., regardless of the reason for such termination.

Signature:

[REDACTED]

Date:

2.23.2011

Associate ID No.:

\_\_\_\_\_

***Please make 3 copies and distribute as follows:***

***Associate***

***Store Associate File***

***Benefits Department ( fax this form to the People Services Department at (860)741-6285 or (860)741-3171)***



## PSA Monthly Touchbase

Name: \_\_\_\_\_

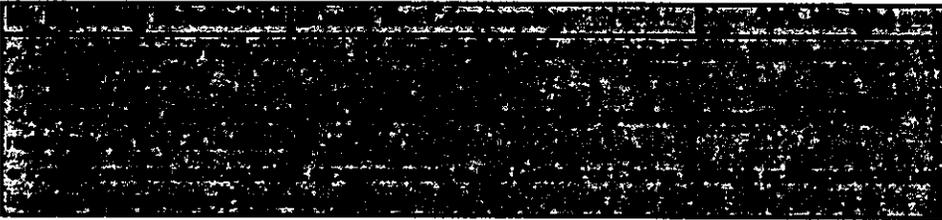
Date of Last Touchbase: 6/30/11

Associate Number: \_\_\_\_\_

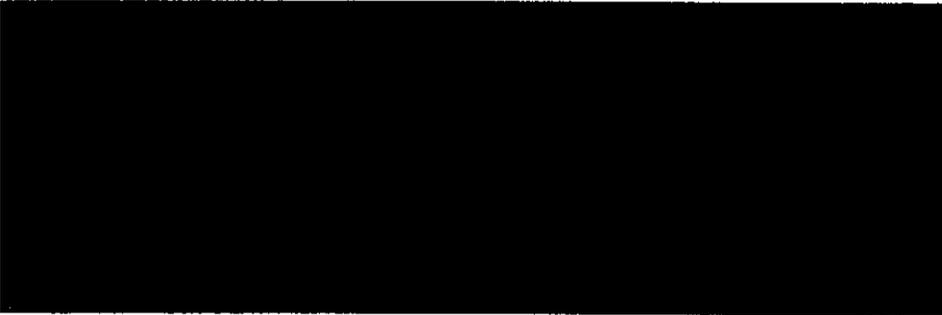
Date of Current Touchbase: 5/27/11



Overall Rating			
Q1	Q2	Q3	Q4
0	0	0	2



Overall Rating			
Q1	Q2	Q3	Q4
0	0	0	2



**V: Summary, Commitments, & Next Steps:**

Associate's sales performance has been inconsistent, falls short of company expectations and is a concern. Additionally, Associate needs to ensure she consistently meets store goals (KPI) that fit into the larger company strategy; very little effort was made to link her goals to those of the company's. With regard to customer service her clients appreciate her level of service. However, it is noted she needs to consistently be mindful of customers entering the store and greeting them with a timely matter and with an opening message. While making progress between balancing selling & non-selling tasks (recovery, clean-up, replenishment, standards), she needs to continue to improve her performance in these areas in a timely manner & with a sense of urgency.


Associate Signature & Date: \_\_\_\_\_ 7/1/11

Manager Signature & Date: \_\_\_\_\_ 7/1/11

Overall Rating			
Q1	Q2	Q3	Q4
0	0	0	2



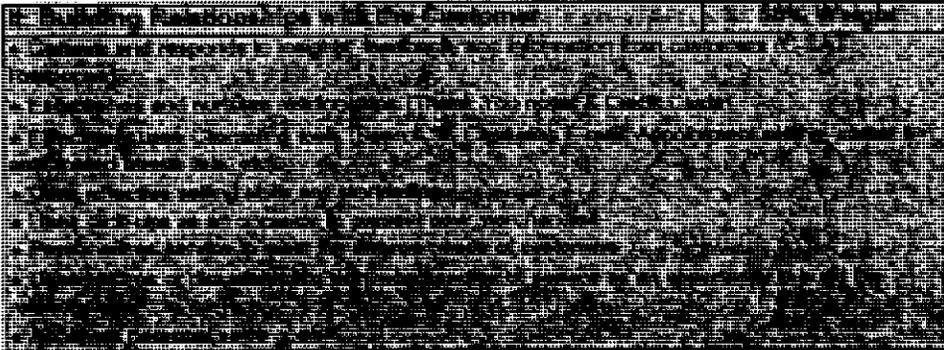
## PSA Monthly Touchbase

Name: \_\_\_\_\_

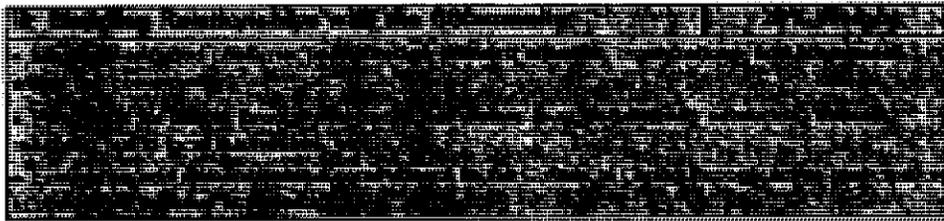
Date of Last Touchbase: 5/27/11

Associate Number: \_\_\_\_\_

Date of Current Touchbase: 6/30/11



Q1	Q2	Q3	Q4



Q1	Q2	Q3	Q4



**V: Summary, Commitments, & Next Steps**

\_\_\_\_\_ sales performance has been inconsistent, falls short of company expectations and is a concern. Additionally, \_\_\_\_\_ needs to ensure she consistently meets store goals (KPI) that fit into the larger company strategy; very little effort was mad to link her goals to those of the company's. With regard to customer service her clients appreciate her level of service. However, it is noted she needs to consistently be mindful of customers entering the store and greeting them with a timely matter and with an opening message. While making progress between balancing selling & non-selling tasks (recovery, clean-up, replenishment, standards), she needs to continue to improve her performance in these areas in a timely manner & with a sense of urgency.


Associate Signature & Date: \_\_\_\_\_

Manager Signature & Date: *[Signature]* 7/1/11

Overall Rating			
Q1	Q2	Q3	Q4
0	0	0	2

Expedientia	August	September	October	November	December	January	February	March	April	May	June	July
Credit Cards												
Quarterly CO												
Thank You's												
Search %												
Apple												
Client Entries												
C-SAT Responses #												
Store Sales												
% to Bonus Plan												
Target Sales												
% to Target												

Associate Name & Date:  7/1/11

Manager Name & Date:  7/1/11

## PSA Monthly Touchbase

Name: \_\_\_\_\_

Date of Last Touchbase: \_\_\_\_\_

Associate Number: \_\_\_\_\_

Date of Current Touchbase : 5/27/11

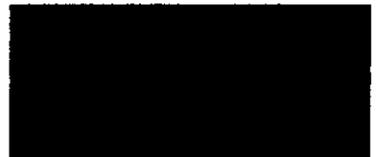


Building Relationships with the Customer	SCX Weight
• Contact and respond to insight, feedback, and information from customers (U.S.A.)	
• Respond and resolve requests (Thank You notes, Credit Cards)	
• Encourage team (Building trust, Share U.S. Dollars, Email, Appointment setting, social & activities, work life, etc)	
• Lead effective selling skills and coaching	
• Lead and set an example in personal and professional life	
• Participate actively in team and client work / activities	
• Lead by example in demonstrating a commitment to the company's vision and values	
• Collaborate with team	

Rate each section 1, 2, 3, 4 or 5			
Q1	Q2	Q3	Q4

Building Relationships with the Customer	SCX Weight
• Contact and respond to insight, feedback, and information from customers (U.S.A.)	
• Respond and resolve requests (Thank You notes, Credit Cards)	
• Encourage team (Building trust, Share U.S. Dollars, Email, Appointment setting, social & activities, work life, etc)	
• Lead effective selling skills and coaching	
• Lead and set an example in personal and professional life	
• Participate actively in team and client work / activities	
• Lead by example in demonstrating a commitment to the company's vision and values	
• Collaborate with team	

Rate each section 1, 2, 3, 4 or 5			
Q1	Q2	Q3	Q4



**V: Summary, Commitments, & Next Steps**  
 sales performance has been consistent. Her client's greatly appreciate her level of service. She is thoughtful & knowledgeable to ensure client satisfaction. She is recognized of knowing our clientele & being a part of the Upper East Side Community where she is able to tailor her style of service to meet expectations of our clientele. While making progress between balancing selling & non-selling tasks (recovery, clean-up, replenishment, standards) , she needs to continue to improve her performance in these areas in a timely manner & with a sense of urgency.

Associate Signature & Date: \_\_\_\_\_ 5/28/11

Manager Signature & Date: \_\_\_\_\_ 5/28/11

Overall Rating			
Q1	Q2	Q3	Q4
0	0	3	0

	Expectations	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July
Check Calls	10 per quarter																
Quarterly CC																	
Trade Shows	1 per shift																
Search %	80%																
Appds																	
Client Entries																	
Client Response #	( per week)																
Store Sales																	
% to Bonus Plan																	
Target Sales																	
% to Target																	

Associate Name & Date:



5/28/11

Manager Name & Date:

*[Signature]*

5/28/11

**ASSOCIATE DEVELOPMENT WORKSHEET**

Name: [REDACTED] Date: 5/8/2011 Position: Sales Consultant Date in Position: 2/23/11

IDP  Formal Discussion \*  
 Wednesday, 5/8/2011

**Section 1**

Strengths:

Developmental Opportunities: On Tuesday 6/7/11 [REDACTED] failed to comply with The Brooks Brothers Image Guidelines and was given the option to return home to change her attire or to leave for the day. She made the decision to return home to change her attire and return to work. Compliance regarding the guidelines had been discussed on a previous occasion with [REDACTED] on Saturday, 5/28/11.

**Section 2**

Goal	Action Plan	Follow-up Meeting
1. Comply with Guidelines..... "PROFESSIONAL IMAGE STANDARD"	[REDACTED]	[REDACTED]
2.	[REDACTED]	[REDACTED]
3.	[REDACTED]	[REDACTED]

Associate Signature: [REDACTED] Date: 5/8/11  
 Manager's Signature: [REDACTED] Date: 5/8/11

**Counseling Document: Maintaining the Professional Selling Standards**

Associate Name: [Redacted]

Date: 8/9/12

Associate ID: [Redacted]

Date of Hire: 02/23/11

Position:

Store Number: 6164

Our Mission, Vision, and Values form the foundation of who we are as a company. Policies, practices, and standards exist to make the concepts of Mission, Vision, and Values more concrete. As a Professional Sales Associate at Brooks Brothers, you are a representative of the company and expected to follow these policies, practices, and standards. You are being issued this counseling for failing to maintain our Professional Selling Standards.

**Reason for Counseling: Failure to meet Professional Selling Standards**

For the quarter beginning 04/29/12 and ending on 07/28/12, you achieved 84.19% NSPH. Brooks Brothers' Professional Selling Standards requires that you achieve a minimum selling standard of 85% NSPH. You are being issued a step 1 counseling. Failure to achieve the 85% will result in step 2 counseling.

**Recommendation for improvement:**

You are expected to take advantage of all the tools available to you (including but not limited to training tools, clienteling tools, your store telephone, and thank you cards) to create a profitable business for yourself and for the company. Achieving 85% NSPH is critical to achieving this profitability. Partnering with your manager to determine an action plan to do so is a great first step, but you are responsible for making the plan work for you. Should you not meet 85% NSPH in any of the next two quarters, you will receive further disciplinary counseling.

Meeting the 85% NSPH standard means that this Step 1 Counseling Document will be reduced for each two consecutive quarters in which you meet the 85% NSPH standard.

*Improved performance must be achieved or further disciplinary action—up to and including termination of your employment—may result.*

**Associate's statement on above:**

.....  
.....

Action Taken: Step 1 Counseling

Previous Counseling Date/s (if applicable): \_\_\_\_\_

Manager's Signature: [Signature] Date 8/13/12

I have reviewed this counseling and it has been discussed with me.

Associate's Signature: [Redacted Signature] Date 8/13/12

Witness's Signature: [Signature] Date 08/13/12

**Counseling Document: Maintaining the Professional Selling Standards**

Associate Name: [Redacted]

Date: 06/15/2012

Associate ID: [Redacted]

Date of Hire: 02/23/2011

Position: Sales Associate

Store Number: 6164

Our Mission, Vision, and Values form the foundation of who we are as a company. Policies, practices, and standards exist to make the concepts of Mission, Vision, and Values more concrete. As a Professional Sales Associate at Brooks Brothers, you are a representative of the company and expected to follow these policies, practices, and standards. You are being issued this counseling for failing to maintain our Professional Selling Standards

**Reason for Counseling: Failure to meet Professional Selling Standards**

For the quarter beginning 01/29/12 and ending on 04/28/12, you processed a total of 8 Brooks Brothers credit card applications. Brooks Brothers' Professional Selling Standards require that our Professional Sales Associates to process eight approved Brooks Brothers credit cards per quarter if you are a part-time Associate, and ten approved Brooks Brothers credit cards per quarter if you are a full-time Associate.

**Recommendation for Improvement:**

Enumerating the benefits of our credit cards and 15% discount on initial purchases during the selling experience is an integral part of providing client services. If you are uncertain of these benefits or need assistance on how to make this practice a part of your selling approach, partner with your manager to create an action plan to meet this standard. Meeting with your manager is a great first step, but you are responsible for meeting all professional selling standards and processing eight (for part-time Associates) or ten (for full-time Associates) approved Brooks Brothers card applications per quarter.

*Improved performance must be achieved or further disciplinary action—up to and including termination of your employment—may result.*

**Associate's statement on above:**

[Redacted]

Action Taken: Step 1 \_\_\_\_\_ Counseling

Previous Counseling Date/s (if applicable): N/A

Manager's Signature: [Signature]

Date 6-21-12

I have reviewed this counseling and it has been discussed with me.

Associate's Signature: [Redacted]

Date 6/21/12

Witness's Signature: [Signature]

Date 6/27/12

Provide this original document to the People Services Department (Jayne Bernardy). Provide the Associate with a copy.

**Cara Sagarese**

---

**From:** Susan Timler [stimler@nyc.rr.com]  
**To:** Cara Sagarese  
**Cc:**  
**Subject:** Fwd: Information  
**Attachments:**

**Sent:** Wed 5/30/2012 12:12 PM

Begin forwarded message:

**From:** Susan Timler <stimler@nyc.rr.com>  
**Date:** May 30, 2012 11:38:21 AM EDT  
**To:** [csagarese@brooksbrothers.com](mailto:csagarese@brooksbrothers.com)  
**Subject:** Information

Hi Cara,

As I've told you, when I was hired and in training with Jill Washington she went over many issues. She stated to Will and Serena that they were 40 hour per week FT employees with benefits and that I was a 30 hour per week FT employee with benefits. Can you suggest a contact person who can clarify this? Would it be Marcella? Or someone in Enfield? Since there is no HR department I have no idea who to contact.

Thanks.  
Susan

Brooks Brothers  
SALES ASSOCIATE REFERENCE INQUIRY GUIDE

Created 06/04

Reference for: *Susan Tinker*

Completed by: *R. M. Drw*

Date: *2/15/2011*

<input type="checkbox"/> When completing the interview steps, this is placed with the application.  <input type="checkbox"/> If hired, this guide is placed with the application in the Confidential History File.	<b>REFERENCE 1:</b> Person called: [redacted] Title: [redacted] Company: [redacted] Phone: [redacted] Date: <i>2/15/2011</i>	<b>REFERENCE 2:</b> Person called: [redacted] Title: [redacted] Company: [redacted] Phone: [redacted] Date: [redacted]	<b>REFERENCE 3:</b> Person called: [redacted] Title: [redacted] Company: [redacted] Phone: [redacted] Date: [redacted]
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<b>EXPERIENCE:</b> <ul style="list-style-type: none"> <li>How long have you known _____ and in what capacity?</li> <li>What were _____ strengths / weaknesses in the capacity in which he/she worked for you?</li> <li>Why did _____ leave your company?</li> </ul>	<i>Interviewed 2/16/11          Great          over 30 years          * Done through          Makes a wonderful work ethic *</i>		
--	--	--	--

<b>LEADERSHIP SKILLS:</b> <ul style="list-style-type: none"> <li>Tell me about a time when _____ developed an initiative to enhance a Company's policy. How effective was he/she?</li> <li>Tell me a time when you had _____ act in a leadership capacity. What was the result?</li> <li>Give me an example of a time _____ took responsibility for a mistake. How did he/she handle it?</li> </ul>	<i>Great people * perfectionist          great at building relationships          very professional          * really like him          * team player</i>		
--	---	--	--

**CUSTOMER SERVICE:**

- ◆ Give an example of a time when \_\_\_\_\_ demonstrated interest or concern for a client's well being that resulted in a lasting sales relationship.
- ◆ Tell me a time when \_\_\_\_\_ handled a difficult customer request. What was the result?
- ◆ Describe \_\_\_\_\_'s ability to handle multiple customers at one time and make each feel special.
- ◆ Describe \_\_\_\_\_'s customer service strengths.

*Personable People  
love Mr. Grant  
Sense of humor  
Takes life seriously  
Takes everything seriously*

**TECHNICAL SKILLS:**

- ◆ What responsibility did \_\_\_\_\_ have in training new Associates?
- ◆ Describe \_\_\_\_\_ ability to utilize product knowledge when selling to a customer.
- ◆ Tell me a time \_\_\_\_\_ didn't comply with Company policy. Why? What was the result?

*puts lot of info what they know on herself to be perfect. Not stand offish  
can write anyone*

**PERSONAL ATTRIBUTES:**

- ◆ Tell me about a time when \_\_\_\_\_ took initiative.
- ◆ How did \_\_\_\_\_'s selling behaviors impact the rest of the team?
- ◆ How did \_\_\_\_\_ achieve desired sales results?
- ◆ At any time during your working relationship did you question \_\_\_\_\_'s integrity?

*Gets high grade  
Shows to achieve  
can't say enough  
Not a callent person  
Always late to people*

**SUSAN TIMLER**  
**120 EAST 87TH STREET – APT. P16D**  
**NEW YORK, N. Y. 10128**

Jill Washington  
Manager – Recruiter NYC  
Brooks Brothers Inc.  
346 Madison Avenue  
New York, N. Y.

December 16, 2010

Dear Ms. Washington,

Please consider this letter and attached resume as application for the position of Sales Associate at Brooks Brothers, Madison Avenue/86<sup>th</sup> Street, New York, N.Y. I believe I will be a beneficial addition to your sales staff. In truth, I have been “selling” throughout my career and have raised millions of dollars for my programs from a wide variety of sources - not all of them friendly to the ideology of the work of my programs. More recently I have been employed in corporate sales with ISC Designs as a Senior Account Manager responsible for managing client accounts for a variety of products.

I have a substantial professional history within the non-profit human service industry wherein I developed and grew the Criminal Justice Division of a Long Island based organization (EAC, Inc.) from one small program in Nassau County to a 7-county (Queens, Brooklyn, Bronx, Staten Island, Rockland, Nassau, Suffolk) highly respected and well utilized Alternative-to-Incarceration called TASC centering on initiatives for offenders with substance use, HIV/AIDS, mental health issues, domestic violence issues, joblessness, homelessness and other issues which have historically marginalized large segments of New York City’s communities.

I began my career as a case manager and over the course of my employment I received many promotions and concluded my time at EAC as a Vice President. I reported to the President/CEO for the last eight (8) years of my tenure. I supervised a case management staff of 120+ in 7 counties.

My responsibilities included: growing and developing the division via public and private grants, cultivating and maintaining relationships with legislative members in both Albany and New York City, maintaining all relationships with funding sources including Federal, State, City and private including responsibility for compliance with all contractual goals and objectives, creating and overseeing the management of all program budgets and many other duties. Over the years and under the division’s umbrella diverse programming was incorporated which served adolescents and families in crisis in the Family Courts in addition to the long standing services for individuals in the Criminal Courts.

My organizational and management skills are evidenced in the manner in which my programs consistently achieved their contractual objectives for a wide variety of funders including NYS Division of Probation and Correctional Alternatives, NYC Criminal Justice Coordinator’s Office (monies awarded from the Council of the City of New York), The Robert Wood Johnson Foundation, and many others including Federal funders such as SAMHSA and CSAT.

My performance-based contracts with New York City consistently achieved their milestones and in each year these programs were awarded their full contract value.

From September, 2004 – May, 2006 I was employed at Services for the UnderServed, (SUS, Inc.) a large NYC based organization which provides housing and support services for individuals and families with special needs, focusing on those with mental health issues, HIV/AIDS, and developmental disabilities, wherein I oversaw the activities of the Development Department. In addition to fund raising - both private/corporate and governmental, supervising the grant writing department and coordinating the annual benefit event, my duties involved community relations and liaison with the Board of Directors.

In January of 2008 I concluded a full-time consultancy position at Center for Community Alternatives (CCA, Inc.) wherein I assumed the position of interim Program Director for a SAMSHA funded grant award (Men's Crossroads Program in Brooklyn, N. Y.) that provides an array of services for men recently released from state prison attempting to re-integrate into their communities. Issues facing the men included substance abuse, HIV/AIDS, mental health issues, anger management, poverty, homelessness and joblessness. My role there was to establish protocols and procedures for staff and clients, to train and supervise existing staff including CASAC and CASAC-T case managers, and to hire and train new staff, in short, to re-direct the program and put it on a positive course. I was successful in this endeavor and the program is currently vibrant and accomplishing all goals and objectives of the funding source.

Volunteer activities include a writing/editing position for Jewish Board of Family and Children's Services wherein I worked directly with the Assistant Executive Director (Head of the Social Work Department.) I edited for publication 4 separate pieces including an article for the Encyclopedia of Social Work and an article published in the New York Support Center for Non-Profit Management's Journal entitled "Beyond Diversity and Multiculturalism: Towards the Development of Anti-Racist Institutions and Leaders".

I currently volunteer with The Central Park Conservancy as a Greensward Guide.

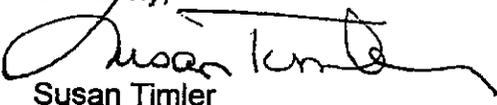
I continue to provide consultant services to a private criminal defense firm, assessing and placing into treatment clients of the firm with substance use, mental health issues and HIV/AIDS as an alternative to incarceration.

Please review my resume and feel free to contact me with any questions. I can be reached at [REDACTED] or by cell phone at [REDACTED]. My email address is [REDACTED]

May I add that I write well and my oral communication is excellent. I am a NYS CASAC (#2211) in good standing. A brief snapshot of some of my career achievements is available on Yahoo.com and Google.com.

Thank you for your consideration.

Sincerely,

  
Susan Timler

PROFESSIONAL HISTORY:

3/2008 - Present

ISC Designs/Raunjiba

Marketing Director and Partner

Responsible for sales and outreach for Brooklyn based design firm  
(Minority certification)

5/2006 - Present

Spence & Davis LLP

Consultant to Criminal Law Practice

9/2004 - 5/2006

SUS, Inc. (Services for the UnderServed)

Director of Resource Development

Responsible for overseeing the activities of the Development Department including community relations, grant writing, special events, fund raising, liaison to the Board of Directors and program development for a large NYC based not-for-profit specializing in housing and support for individuals and families with special needs.

9/1990 - 8/2004

EAC, Inc. (Education & Assistance Corp.)

Vice President/Director of Criminal Justice Division

Responsible for development of the division.

Responsible for overseeing the internal operations and performance of all criminal justice and mental health programs of EAC. Programs are located in Kings, Queens, Bronx, Richmond, Nassau, Suffolk and Rockland Counties.

Responsible for preparation of program budgets.

Responsible for all expenses and costs of program operations.

Maintenance of appropriate liaison with funding sources thereby assuring all programs' compliance with contractual obligations.

Personnel Management - oversight and supervision of 120 case management staff in 7 counties.

Perform public relations and outreach within the Criminal Justice System,

Drug/Alcohol and Mental Health Treatment network and community.

Strategic Planning with the Board of Directors and Senior Staff

**EXPERIENCE:**

**Political Fund-Raiser**

Fund-Raiser for all Special Events in the State  
Headquarters of United States Senate Campaign.

Served as publicist and promoter of candidate's positions on the issues.

**EDUCATION:**

LONG ISLAND UNIVERSITY - C.W. Post College, Greenvale, NY  
M.P.S. Criminal Justice - Course work completed

HOFSTRA UNIVERSITY, Hempstead, NY  
B.A. English

N.Y.S. C.A.S.A.C in good standing  
N.Y.S. Credential #2211





**LexisNexis Screening Solutions, Inc.**

480 Quadrangle Drive Suite D

Bolingbrook, IL 60440

Phone: 800-939-4782

Fax: 630-679-5635

**Controlled Substance Test Report**

Attn: [Redacted]  
[Redacted]  
[Redacted]

Client Name: Brooks Bros. - 6001

Account Number: 160374-00100

Phone:

Employee ID 1:

Donor Name: [Redacted]

Employee ID 2:

Donor ID: [Redacted]

Emp Category:

**Test Result:** Negative  
**Result Description:** Negative  
**Substances Found:**  
**MRO Verified Comment:**

**Specimen ID:** [Redacted]  
**Collection Date:** [Redacted]  
**Testing Panel:** [Redacted]  
**CCF Received:**  
**Verified Date:** [Redacted]  
**Reported Date:** [Redacted]  
**Collection Site:** [Redacted]

**Test Reason:** [Redacted]  
**Test Type:** [Redacted]  
**Lab Account #:** [Redacted]  
**Lab Name:** [Redacted]  
**Test Account #:** [Redacted]  
**Client Name:** B [Redacted]  
**Cost Center:**  
**Location ID:** [Redacted]

**Comments:**

**Certified Medical Review Officer:**

**MRO Phone:**

[Redacted Signature]  
[Redacted Signature]

[Redacted Phone Number]

(Signature on File)

**EMPLOYMENT APPLICATION**

# RETAIL BRAND ALLIANCE

ADRIENNE VITTADINI BROOKS BROTHERS CAROLEE

100 Phoenix Avenue, P.O. Box 1700  
Enfield, CT 06083-1700

**PERSONAL INFORMATION**

Date of Application <b>12/16/10</b>	Position Applying For <b>Sales Associate</b>	Other positions for which you are qualified:		
Last Name <b>Timler</b>	First Name <b>Susan</b>	Middle Name		
Present Street Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	How long have you live there? Yr. <b>4</b> Mo.
Prior Street Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	How long did you live there? Yr. <b>5</b> Mo.
Daytime Phone [REDACTED]	Evening Phone [REDACTED]	Social Security Number [REDACTED]	Do you have a reliable means of transportation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
E-mail Address	When can you start?	Schedule desired: <input type="checkbox"/> Full Time Days <input type="checkbox"/> Full Time Evenings	<input type="checkbox"/> Part Time Days <input type="checkbox"/> Part Time Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Seasonal	Company/Division Applying To: <input type="checkbox"/> Adrienne Vittadini <input type="checkbox"/> Carolee <input type="checkbox"/> Brooks Brothers

**MISCELLANEOUS INFORMATION**

List all friends and relatives currently working for us and their location. <b>N/A</b>	Will you now or in the future require sponsorship for a visa? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please give details. A prior conviction will not automatically disqualify you from employment. <small>In the state of California only, if you were convicted of unlawful possession and/or transport of marijuana per sub-division (a) or (b) of Section 11361.5 of California's Health and Safety Code, more than two years before the date of completion of this application, you may answer no to this question.</small>
How were you referred to us?	Have you undergone a name change that would hinder our ability to check your previous work history. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please explain.	
Have you ever worked for:		
<input type="checkbox"/> Adrienne Vittadini <input type="checkbox"/> August Max <input type="checkbox"/> August Max Women <input type="checkbox"/> Brooks Brothers <input type="checkbox"/> Copezio If yes, please explain:	<input type="checkbox"/> Coren Charles <input type="checkbox"/> Career Image <input type="checkbox"/> Career Image Company Store <input type="checkbox"/> Carolee Designs <input type="checkbox"/> Casual Corner	<input type="checkbox"/> Casual Corner Outlet/Annex <input type="checkbox"/> Casual Corner Women Outlet/Annex <input type="checkbox"/> Lenscrafters <input type="checkbox"/> Pappagallo <input type="checkbox"/> Petite Sophisticate <input type="checkbox"/> Petite Sophisticate Outlet/Annex <input type="checkbox"/> Sunglass Hut <input type="checkbox"/> Ups & Downs <input type="checkbox"/> U.S. Shoe <input type="checkbox"/> Watch World/Watch Station <input type="checkbox"/> None

**WORK HISTORY**

LIST YOUR PREVIOUS EXPERIENCE BEGINNING WITH YOUR MOST RECENT POSITION (Including Military Service, if applicable)				
Start Date	Employer Name	Starting Position	Starting Salary	Major Duties
<b>3/108</b>	<b>IBC Designs</b>	<b>Sales Rep.</b>	<b>\$ hourly</b>	<b>working with Pres to "close deals"</b>
<b>1/1</b>	<b>631 Hickst.</b>	<b>Final Position</b>	<b>\$ hourly</b>	
List Three Management References:	1) Name/Title Phone [REDACTED]	2) Name/Title Phone [REDACTED]	3) Name/Title Phone [REDACTED]	Reason for leaving
<b>9/104</b>	<b>Sub. Inc.</b>	<b>Dev. Director</b>	<b>\$ 90,000</b>	<b>overseeing all activities of Development Dept.</b>
<b>6/106</b>	<b>305 7th Ave.</b>	<b>same</b>	<b>\$ 90,000</b>	
List Three Management References:	1) Name/Title Phone [REDACTED]	2) Name/Title Phone [REDACTED]	3) Name/Title Phone [REDACTED]	Reason for leaving
<b>5/179</b>	<b>EAC Inc.</b>	<b>Case Mgr.</b>	<b>\$ 18,000</b>	Major Duties
<b>8/104</b>	<b>50 Clinton St</b>	<b>Vice President</b>	<b>\$ 127,000</b>	
List Three Management References:	1) Name/Title Phone [REDACTED]	2) Name/Title Phone [REDACTED]	3) Name/Title Phone [REDACTED]	Reason for leaving

### WORK HISTORY

Start Date / /	Employer Name	Starting Position	Starting Salary \$	Major Duties
Date Left / /	Address	Final Position	Current Salary \$	
List Three Management References:	1) Name/Title    Phone	2) Name/Title    Phone	3) Name/Title    Phone	Reason for leaving

**In the past seven years have you been asked to leave the employ of any employer listed or not listed on this application? Yes  No**

### EDUCATION AND TRAINING

Type of School	Name and Address of School	Highest Grade Comp	Course of Study	Did you Graduate?	List Diploma or Degree
High School	South Side	9 10 11 (12)		(Yes) No	
College	Hofstra Univ.	13 14 15 (16)		(Yes) No	B.A.
Other (Specify)	NYS CADAC	17 18 19 20		(Yes) No	
Business or Trade		1 2 3 4		Yes No	

### SPECIAL SKILLS

<input type="checkbox"/> Typing ( _____ WPM)	<input type="checkbox"/> Computers (List Programs you know)
<input type="checkbox"/> Word Processing Equipment/Programs	<input type="checkbox"/> Other Skills

### AVAILABILITY - (Hours Available For Work)

Days of the Week	From Time:	To Time:	Comments
Monday	10 9	6 5	
Tuesday			
Wednesday			
Thursday	whatever is Required		
Friday			
Saturday			
Sunday			

I am aware that frequent absences in violation of the Attendance Policy can create a hardship for coworkers and the Company. I am also aware that compliance with the Attendance Policy is an essential function of the job I am seeking. If hired, I can comply with the policy with or without reasonable accommodation.    Yes     No

### DRUG FREE WORK PLACE

Retail Brand Alliance is a Drug-Free Company. As required by our Drug-Free Work Place Policy, all prospective Associates are required to take a drug test prior to being hired with the Company. A summary of this policy is described below.

***If you currently use illegal drugs or abuse legal drugs, you will not be hired.***

#### SCOPE OF POLICY

This policy applies to all Applicants and Associates of Retail Brand Alliance.

#### POLICY VIOLATIONS

The Company feels strongly that drug use in the work place can undermine individual job performance, the security of other Associates and the Company's business. As a result, the following activities are prohibited while on Company premises or while on Company business:

- Using or having detectable levels of illegal drugs in your system or abuse of any drug, controlled substance or chemical.
- Using prescription drugs for any purpose other than as prescribed or by anyone other than the person to whom prescribed.
- The purchase, sale, transfer, possession, manufacture, or distribution of illegal drugs, controlled substances or chemicals.

Engaging in any of these activities will result in disciplinary action, up to and including termination.

#### DRUG TESTING

The Company reserves the right to test applicants and in certain situations test Associates for evidence of substance abuse. Test will screen for abuse of compounds including, but not limited to the following:

- Amphetamines
- Barbiturates
- Propoxyphene

- Cocaine
- Codeine
- Methadone

- Methaqualone
- Morphine
- Benzodiazepines

- Marijuana
- Phencyclidine (PCP)

- Offers of employment will only be made upon successfully passing a Urinalysis Test \*(See exceptions listed in the acknowledgement and consent section of this form).
- No applicant may be considered for regular employment who has not signed the Drug Screening Consent and Release Form.

#### EMPLOYMENT DOCUMENTS

If the Company offers you a position, you will be asked to sign several documents relative to your employment. We have reproduced some of those documents here, along with a brief description for your information only. Should the Company offer you a position and you refuse to sign these documents, the offer of employment will be withdrawn.

#### PLEASE READ EACH STATEMENT CAREFULLY

As you probably know, we generally check references offered by employment applicants, and may go to suitable sources for additional information. Our objective is to obtain information on ability, previous job performance, character and reputation, for the sole purpose of considering you for employment. The state of Maryland, public law 91-508 requires us to tell you this. On your written request, additional information on the nature and scope of inquiries, if any are made, will be provided.

I certify that the information that I have provided on my application, resume, given verbally, or provided on any other material, is true to the best of my knowledge and understand that falsification and/or omission of this information may result in dismissal in accordance with Company Policy. The Company in considering my application for employment may verify the information set forth on this application with exception to any disclosure of disability and/or medical information as prohibited by the ADA. I agree that, before and, in the event that I am hired, at any time during my employment, the Company, in its discretion, may investigate my employment history, education, financial integrity, credit worthiness, and any other aspect of my background and confirm that I have no prior criminal record. For this purpose, I specifically hereby authorize the Company to obtain such credit reports, background checks and other information as may be useful.

In accepting employment, I acknowledge that the policies, benefits, and other programs listed in the benefits booklet and policy manuals do not infer or imply a contract of employment between the Company and myself. I realize that the aforementioned benefits, policies and programs are provided at company discretion and may be changed or eliminated at any time. In consideration of employment, I agree to conform to the rules and regulations of the Company, I also realize that employment is considered to be "at will", during which time my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Company or myself. Furthermore, I understand that Retail Brand Alliance does not enter into contracts of employment with its Associates except in writing signed by an Officer of the Company. I also affirm that I have not signed any kind of restrictive document, creating any obligation to any former employer that would restrict my acceptance of employment with Retail Brand Alliance.

#### MARYLAND LIE DETECTOR LAW

Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

#### MASSACHUSETTS LIE DETECTOR LAW

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer that violates this law shall be subject to criminal penalties and civil liability."

#### ACKNOWLEDGMENT AND CONSENT

##### ACKNOWLEDGEMENT

I hereby acknowledge that I have read and understand all statements made on this application.

##### PRE-EMPLOYMENT AND POST-EMPLOYMENT DRUG SCREENING CONSENT.

I hereby give my voluntary consent for a urine sample to be collected from me and submitted for a drug or controlled substance abuse screening test. I understand that any positive result from such test will preclude my being offered employment (if an applicant) or terminate my continued employment (if current Associate). Further, I understand my failure to execute this voluntary consent will result in my not being further considered for employment (if an applicant).

I hereby consent, if I am an applicant, to the release of the test results to those Company officials who make employment decisions for the Company. Further, if a current Associate, I give my consent for the release of test results to the appropriate Company officials for the determination of continued employment.

##### STATE EXCEPTIONS TO THE POLICY INCLUDE:

If you reside in Maine, Minnesota, Oklahoma, Rhode Island and Vermont, please read the following.

I understand that I will be given an offer of employment prior to submitting to the required pre-employment substance abuse screening test. I further understand that I cannot and will not be hired until I have SUCCESSFULLY completed a pre-employment substance test. I understand I will be given advance written notice of this requirement. I understand that the substances that I will be tested for include but are not limited to those indicated on the top of this page.

NAME (Please print)

Susana Turner

Date 12/16/10

SIN# 2137

FORM# 670-9

REV 9/06

Signature:

Susana Turner

**OUR EMPLOYMENT POLICY**  
EQUAL OPPORTUNITY FOR ALL WITHOUT REGARD TO ANY  
PROTECTED CLASS STATUS AS DEFINED BY FEDERAL, STATE OR LOCAL LAW

**NO SMOKING POLICY**  
THE FACILITIES OF RETAIL BRAND ALLIANCE INC.  
PROHIBITS SMOKING ON THE PREMISES

**R**ETAIL **B**RAND **A**LLIANCE

100 Phoenix Avenue, P.O. Box 1700  
Enfield, CT 06083-1700



# BROOKS BROTHERS

## ATTENDANCE RECORD

St. # 6164 # [REDACTED]  
 Hired 02/23/2011  
 Birthday: [REDACTED]  
 CURRENT YEAR 2011

CURRENT YEAR: / /

ASSOCIATE #: \_\_\_\_\_ STORE/LOCATION: \_\_\_\_\_ DATE OF HIRE: / / DATE OF BIRTH: / /

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															

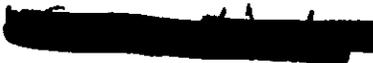
QB721 1/05

- S--Sick/Absent
- L--Late
- P--Personal
- H--Holiday
- V--Vacation
- B--Bereavement
- D--Disability
- W--Worker's Comp
- J--Jury Duty
- A--Leave of Absence

April 17

Dear Mr. Becker,

I want to express how wonderful

 was during my purchase at OCS. She is an outstanding professional. Her assistance & advice was thoughtful; at all times she exhibited patience and a positive attitude. Sincerely,



P.S. Please keep my info:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Keep in touch! Happy Holidays!

[REDACTED]

Attn: [REDACTED]  
(personal)  
Brent's Brothers



Dear [REDACTED]

12/16/11

Just a note to thank you for your exceptional service during the pre-Bar Mitzvah clothing expeditions. Michael wore the grey suit Friday & the "navy" on December 10. He looked so handsome! Thank you so very much for the close attention to detail & your kindness towards us. Michael is your fan now, as am I. As an X-Merchandise Mngr. & Buyer I can recognize your extraordinary sales skills. Bravo! Fondly,

[REDACTED]

190 Riverside Drive, #11A  
New York City, NY 10024



NEW YORK NY 100

12 FEB 2011 PM 3:01



Attn: [REDACTED]  
(personal)

Brooks Brothers  
1180 Madison Avenue  
New York, NY 10028



“AS THE OLDEST INSTITUTION OF ITS KIND, PERHAPS, IN THE UNITED STATES,  
IT IS NATURAL THAT BROOKS BROTHERS HAS DEVELOPED A PERSONALITY  
SO DISTINCT . . . THAT A GREAT MANY PEOPLE HAVE COME TO REGARD  
US NOT MERELY AS A BUSINESS, BUT MORE AS A LIFELONG FAMILY FRIEND.”

- FROM A 1939 BROOKS BROTHERS ADVERTISEMENT -

Dear [REDACTED]

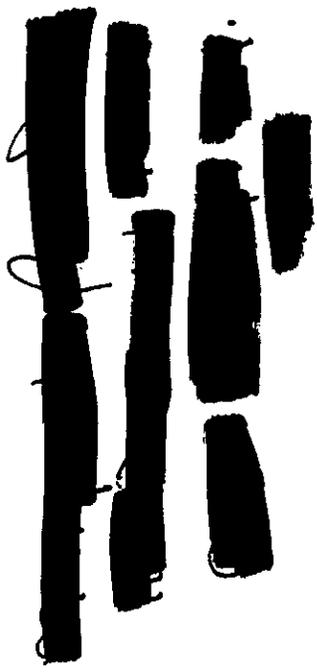
Thanks for shopping at  
Brooks Brothers. I look  
forward to assisting you  
in the near future.

[REDACTED]

*Brooks Brothers*  
ESTABLISHED 1826

[REDACTED]  
ASSOCIATE

1180 MADISON AVENUE  
25 E. 86TH ST., NEW YORK, NY 10028  
TELEPHONE 212-289-5027 FACSIMILE 212-369-2694  
E-MAIL: [REDACTED] [brooksbretherstores.com](http://brooksbretherstores.com)



“AS THE OLDEST INSTITUTION OF ITS KIND, PERHAPS, IN THE UNITED STATES, IT IS NATURAL THAT BROOKS BROTHERS HAS DEVELOPED A PERSONALITY SO DISTINCT . . . THAT A GREAT MANY PEOPLE HAVE COME TO REGARD US NOT MERELY AS A BUSINESS, BUT MORE AS A LIFELONG FAMILY FRIEND.”

- FROM A 1939 BROOKS BROTHERS ADVERTISEMENT -

Dear [REDACTED]

Thanks for shopping at Brooks Brothers. I look forward to assisting you on your next visit.

[REDACTED]

*Brooks Brothers*  
ESTABLISHED 1818

[REDACTED]

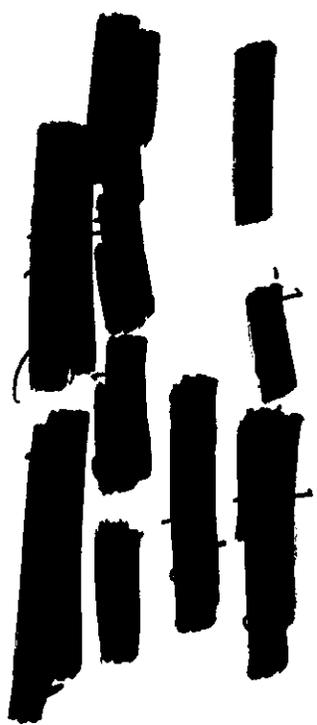
ASSOCIATE

1180 MADISON AVENUE

25 E. 86TH ST., NEW YORK, NY 10028

TELEPHONE 212-289-5027 FACSIMILE 212-369-2694

E-MAIL: [REDACTED]@brooksbrothersstores.com



“AS THE OLDEST INSTITUTION OF ITS KIND, PERHAPS, IN THE UNITED STATES, IT IS NATURAL THAT BROOKS BROTHERS HAS DEVELOPED A PERSONALITY SO DISTINCT . . . THAT A GREAT MANY PEOPLE HAVE COME TO REGARD US NOT MERELY AS A BUSINESS, BUT MORE AS A LIFELONG FAMILY FRIEND.”

- FROM A 1939 BROOKS BROTHERS ADVERTISEMENT -

Dear [REDACTED],

Thanks for shopping at Brooks Brothers. I look forward to assisting you in the near future.

[REDACTED]

*Brooks Brothers*  
ESTABLISHED 1818

[REDACTED]  
ASSOCIATE

1180 MADISON AVENUE  
25 E. 86TH ST., NEW YORK, NY 10028  
TELEPHONE 212-289-5027 FACSIMILE 212-369-2694  
E-MAIL: [REDACTED]@brooksbros.com

[REDACTED]

“AS THE OLDEST INSTITUTION OF ITS KIND, PERHAPS, IN THE UNITED STATES. IT IS NATURAL THAT BROOKS BROTHERS HAS DEVELOPED A PERSONALITY SO DISTINCT ... THAT A GREAT MANY PEOPLE HAVE COME TO REGARD US NOT MERELY AS A BUSINESS, BUT MORE AS A LIFELONG FAMILY FRIEND.”

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Dear [REDACTED]

Thanks for shopping at  
Brooks Brothers. I look  
forward to assisting you  
on your next visit.

[REDACTED]

ASSOCIATE  
1180 MADISON AVENUE  
25 E. 86TH ST., NEW YORK, NY 10028  
TELEPHONE 212-289-5027 FACSIMILE 212-369-2694  
E-MAIL: [REDACTED]@brooksbros.com

ESTABLISHED 1838  
*Brooks Brothers*

"AS THE OLDEST INSTITUTION OF ITS KIND, PERHAPS, IN THE UNITED STATES, IT IS NATURAL THAT BROOKS BROTHERS HAS DEVELOPED A PERSONALITY SO DISTINCT... THAT A GREAT MANY PEOPLE HAVE COME TO REGARD US NOT MERELY AS A BUSINESS, BUT MORE AS A LIFELONG FAMILY FRIEND."  
- FROM A 1939 BROOKS BROTHERS ADVERTISEMENT -

Dear [redacted]  
Thanks for shipping at Brooks Brothers. I look forward to assisting you in the near future.

[redacted]

*Brooks Brothers*  
ESTABLISHED 1818

[redacted]  
ASSOCIATE  
1180 MADISON AVENUE  
25 E. 86TH ST., NEW YORK, NY 10028  
TELEPHONE 212-289-5027 FACSIMILE 212-369-2694  
E-MAIL [redacted]@brooksbrothersstores.com

[redacted]

“AS THE OLDEST INSTITUTION OF ITS KIND, PERHAPS, IN THE UNITED STATES,  
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US NOT MERELY AS A BUSINESS, BUT MORE AS A LIFELONG FAMILY FRIEND.”

- FROM A 1939 BROOKS BROTHERS ADVERTISEMENT -

Dear [REDACTED]

Thanks for shopping at  
Brooks Brothers. I look  
forward to assisting you  
in the near future.

*Brooks Brothers*

ESTABLISHED 1838

[REDACTED]  
ASSOCIATE

1180 MADISON AVENUE

25 E. 86TH ST., NEW YORK, NY 10028

TELEPHONE 212-289-5027 FACSIMILE 212-369-2694

E-MAIL: [REDACTED]@brooksbrothersstores.com



“AS THE OLDEST INSTITUTION OF ITS KIND, PERHAPS, IN THE UNITED STATES, IT IS NATURAL THAT BROOKS BROTHERS HAS DEVELOPED A PERSONALITY SO DISTINCT . . . THAT A GREAT MANY PEOPLE HAVE COME TO REGARD US NOT MERELY AS A BUSINESS, BUT MORE AS A LIFELONG FAMILY FRIEND.”

- FROM A 1939 BROOKS BROTHERS ADVERTISEMENT -

Dear [REDACTED]

Thanks for shopping at Brooks Brothers. I look forward to assisting you in the near future.

[REDACTED]

*Brooks Brothers*

ESTABLISHED 1818

[REDACTED]

ASSOCIATE

1180 MADISON AVENUE

25 E. 86TH ST., NEW YORK, NY 10028

TELEPHONE 212-289-5027 FACSIMILE 212-369-2694

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Dear [REDACTED]

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[REDACTED]

*Brooks Brothers*

ESTABLISHED 1818

[REDACTED]  
ASSOCIATE

1180 MADISON AVENUE  
25 E. 86TH ST., NEW YORK, NY 10028  
TELEPHONE 212-289-5027 FACSIMILE 212-369-2694  
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- FROM A 1939 BROOKS BROTHERS ADVERTISEMENT -

Dear [REDACTED],

Thanks for shopping at  
Brooks Brothers. I look  
forward to assisting you  
in the near future.

[REDACTED]

*Brooks Brothers*



*Brooks Brothers*

*Brooks Brothers*

ESTABLISHED 1818

[REDACTED]

ASSOCIATE

1180 MADISON AVENUE

25 E. 86TH ST., NEW YORK, NY 10028

TELEPHONE 212-289-5027 FACSIMILE 212-369-2694

E-MAIL [REDACTED]@brooksbrothersstores.com

[REDACTED]

# FULL - TIME FLEXIBLE BENEFITS and PART-TIME PLUS (Retail Only)

RETAIL BRAND ALLIANCE, INC. / BROOKS BROTHERS

People Services

P.O. Box 1700

Enfield, CT 06083-1700

This form must be completed and sent:

By the date specified in the Annual Enrollment package.  
 Within 31 days of the following events:  
 The Date you are hired full time.  
 The Date you experience a family status change.  
 The Date you transfer employment status.  
**FAX: (860) 741-6285 or (860) 741-3171**

HOME OFFICE USE ONLY

Date Received \_\_\_\_\_

Effective Date \_\_\_\_\_

<b>SECTION A: ASSOCIATE INFORMATION (Complete ALL of section A)</b> Name (Last, First, MI) _____ Address (Street, City, State, Zip) _____ Store # <u>664</u> Date of Hire <u>2/2011</u> Reason for Application <input type="checkbox"/> Hire (due 31 days from DOH) <input type="checkbox"/> Status Change (Complete Section J) <input type="checkbox"/> Annual Enrollment (due by Nov. 22, 2010) <input type="checkbox"/> Social Security # _____ Home Phone # _____ Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married		Check here if this is updated contact information <input type="checkbox"/>					
<b>SECTION B: HEALTH BENEFIT (PART TIME PLUS ONLY eligible for Low PPO Choice Plus/Freedom)</b> MEDICAL PLAN <input checked="" type="checkbox"/> One: <input type="checkbox"/> Decline Coverage <input type="checkbox"/> Option 1 HIGH PPO Choice Plus/Freedom <input type="checkbox"/> Option 2 LOW PPO Choice Plus/Freedom <input type="checkbox"/> Option 3 EPO <input type="checkbox"/> Option 4 (HMO) Name of HMO _____ Options 3 & 4 Complete Section C (PCP # or name) _____ MEDICAL COVERAGE <input checked="" type="checkbox"/> One: <input type="checkbox"/> Associate <input type="checkbox"/> Associate Plus Child <input type="checkbox"/> Associate Plus Spouse <input type="checkbox"/> Associate Plus Children <input type="checkbox"/> Family		DENTAL PLAN <input checked="" type="checkbox"/> One: <input type="checkbox"/> Associate only <input type="checkbox"/> Associate plus one dependent <input type="checkbox"/> Associate plus two or more dependents					
<b>SECTION C: FAMILY INFORMATION (List all family members to be covered including yourself)</b>							
RELATIONSHIP	Coverage	Date of Birth	Sex	Social Security Number	HMO or EPO Primary Care Physician ID # or Name	Medical	Dental
Associate	Medical						
Dependent 1	Medical						
Dependent 2	Medical						
Dependent 3	Medical						
Dependent 4	Medical						

If more space is needed, use back of this while form  
 Do you or any of your dependents have coverage under any other medical plan?  Yes  No If yes, please complete:  
 Are any children listed above eligible to participate in a medical or dental plan of their employer?  Yes  No

Name of Spouse/Dependent	Employer Name	Individual or Family Membership	Insurance Co. Name	Name	Graduation Date
<b>SECTION D: ASSOCIATE LIFE/AD&amp;D (One)</b> <input type="checkbox"/> Option 1 1x pay <input type="checkbox"/> Option 4 4x pay <input type="checkbox"/> Option 2 2x pay <input type="checkbox"/> Option 5 5x pay <input type="checkbox"/> Option 3 3x pay					
<b>SECTION E: SPOUSE LIFE (One-CAN BE NO MORE THAN 1/2 OF ASSOCIATE COVERAGE)</b> <input type="checkbox"/> Option 1 \$15,000 <input type="checkbox"/> Option 2 \$20,000 <input type="checkbox"/> Option 3 \$30,000 <input type="checkbox"/> Option 4 \$50,000 <input type="checkbox"/> Option 5 \$100,000					
<b>SECTION F: CHILD LIFE (One)</b> <input type="checkbox"/> Decline Coverage <input type="checkbox"/> Option 1 (\$2,000) <input type="checkbox"/> Option 2 (\$5,000) <input type="checkbox"/> Option 3 (\$10,000)					
<b>SECTION G: SHORT TERM DISABILITY (Hourly Associates Complete)</b> Hourly Associates <input type="checkbox"/> I elect coverage Salaried Associates automatically enrolled					
<b>SECTION H: LONG TERM DISABILITY (100% Associate Paid)</b> <input checked="" type="checkbox"/> Decline Coverage <input type="checkbox"/> Option 1 (40%) (max \$10,000) <input type="checkbox"/> Option 2 (50%) (max \$12,500) <input type="checkbox"/> Option 3 (60%) (max \$15,000)					
<b>SECTION I: FLEXIBLE SPENDING ACCOUNT</b> HEALTHCARE SPENDING ACCOUNT <input checked="" type="checkbox"/> Decline Coverage <input type="checkbox"/> Elect Coverage \$ _____ Weekly Election Amount (through the end of year) DEPENDENT CARE SPENDING ACCOUNT <input type="checkbox"/> Decline Coverage <input type="checkbox"/> Elect Coverage \$ _____ Election Annual Amount (through the end of year)					
<b>SECTION J: STATUS CHANGE (Complete this section when requesting a change)</b> I request a change in coverage due to the following status change (one) * Supporting documentation required: _____ Date of Event _____					
* Choices: <input type="checkbox"/> Divorce <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Part Time Plus to Full Time <input type="checkbox"/> Part Time to Part Time Plus <input type="checkbox"/> Full Time to Part Time Plus <input type="checkbox"/> Marriage * Supporting documentation required: _____					
I hereby certify that the information supplied above is true to the best of my knowledge and that I have received and read the benefits materials described in my Employer's current announcement. I declare the coverage as indicated and intend the above-stated elections to remain in effect until written notice to the Plan Administrator, in accordance with the terms of the Plan. I authorize my Employer to deduct from my pay my contribution (if any) to the cost of such coverage. I am aware if I leave the company that my benefits will last until the end of the month in which my last day worked in and that deductions will be taken out of my last check to cover any deductions that are needed. Further, I hereby authorize any provider of health services (or any other agency or entity) to provide, upon request, any information concerning the health, conditions or treatment of any covered person whenever such information is necessary to allow the provider to properly administer or properly disposition of a claim submitted for payment, medical information and fulfillment of obligations imposed by State or Federal Law.					
Name: _____ Signature: _____ Date: _____				BENEFICIARY FOR ASSOCIATE LIFE INSURANCE (PRIMARY & CONTINGENT) Name: _____ Social Security #: _____ DOB: _____	

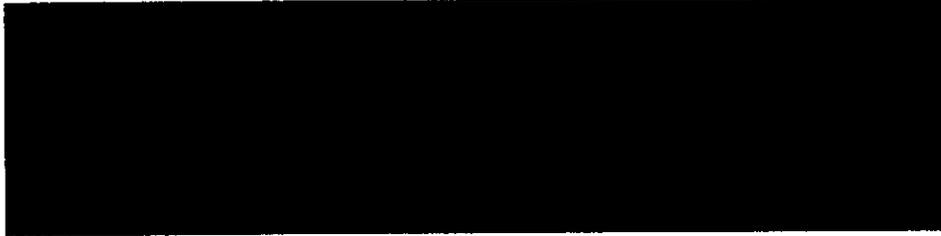
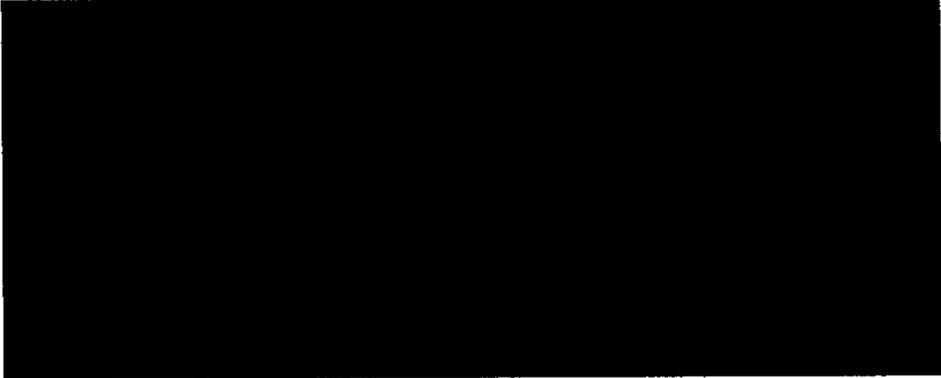
# PSA Monthly Touchbase

Name: \_\_\_\_\_

Date of Last Touchbase: 5/1/12

Associate Number: \_\_\_\_\_

Date of Current Touchbase : 6/1/12



**Key Messages, Demos/Showings, & Other Items:**

For the month provided by the month of June, you finished with an output of 10,000. Encourage you to make sure the output of 10,000 to meet the summer. Please start calling all of your agents tomorrow and tell us the new product is all areas of the state and the program. And the main focus is to get touchbase on just what the company mission. This will help increase work for you to have more customers. We talked about work on your touchbase and you can call it. Please make sure effort to get every customer to be your required list.

Associate Signature & Date: \_\_\_\_\_

Manager Signature & Date: \_\_\_\_\_

Overall Rating			
1	2	3	4
5	6	7	8

# PSA Monthly Touchbase

Name: \_\_\_\_\_

Date of Last Touchbase: 7/1/12

Associate Number: \_\_\_\_\_

Date of Current Touchbase : 8/10/12

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Associate Signature & Date: \_\_\_\_\_

Manager Signature & Date: \_\_\_\_\_

Area	Score
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

# **Union Exhibit 43**



# Brooks Brothers

## New Hire Paperwork Checklist

Manager: Ensure all documents have been filled out completely and routed to the appropriate location.

Document	What to do with document	Completed
Application for Employment	Retain in store file	<input type="checkbox"/>
Reference Checks (2)	Retain in store file	<input type="checkbox"/>
Associate Data Worksheet	Fax to Payroll (860) 253 – 4476 or send electronically to PayrollBrooksBrothers@retailbrandalliance.com	<input type="checkbox"/>
Federal Tax (W-4)	Fax to Payroll (860) 253 - 4476	<input type="checkbox"/>
State Withholding (if applicable)	Fax to Payroll (860) 253 – 4476	<input type="checkbox"/>
I-9 Documentation	Retain in store file	<input type="checkbox"/>
Direct Deposit Authorization (if associate elected)	Fax to Payroll (860) 253 – 4476	<input type="checkbox"/>
Employment Screening Inquiry (for Associates Holding Keys)	Fax to Loss Prevention (860) 253-4424 then retain one copy in store file	<input type="checkbox"/>
Union Dues Cards (2) (only applicable for stores with union associates)	Send one to the Benefits Department Send one to the Union	<input type="checkbox"/>
HIPPA Confidential Agreement	Make 3 copies and distribute as follows: Fax to Benefits at (860) 741-6285 or (860) 741-3171 Or send electronically to PeopleServices@Retailbrandalliance.com Retain in Store File Give to Associate	<input type="checkbox"/>
HIPPA Privacy Notice	Give to Associate	<input type="checkbox"/>
Associate Handbook	Retain Sign-off form in store file	<input type="checkbox"/>
Business Card Request	Fax to Purchasing at (860) 253-4463 Or email request to purchasingassociates@retailbrandalliance.com	<input type="checkbox"/>

### All Benefits-Eligible Associates

<b>Benefits Enrollment Information</b> Print Benefits Enrollment, Benefits Guide and Associate Contributions Information	Fax completed documents to Benefits Department. Forms must be received within 31 days of hire ( <b>NO EXCEPTIONS</b> ). Fax 860-741-6285 or 860-741-3171	<input type="checkbox"/>
--	---	--------------------------

Associate Signature \_\_\_\_\_

Date \_\_\_\_\_

Manager Signature \_\_\_\_\_

Date \_\_\_\_\_

Rev: 7/1/10

BROOKS BROTHERS

JOB #717

DATE TIME  
001 3/18 15:44

TO/FROM  
+8602534476 EC--S

MODE  
00' 11"

PGS  
001

STATUS  
OK

PLEASE PRINT CLEARLY

BROOKS BROTHERS ASSOCIATE DATA WORKSHEET

Name: [REDACTED]

Store # 6164

SSN # [REDACTED]

PLEASE CHECK ONE:  New Hire  Rehire  Changes  Termination

RATE OF PAY:

(Hourly rate of pay for hourly Associates; Annual rate of pay for salaried Associates)

Job Code  CMSALC

Hourly Associate: \$ 11.50

Salaried Associate: \$

Commission Location #

Date Started 3/18/11

Birth date [REDACTED]

STATUS:

Salaried

Hourly - 30+ hrs/wkly - Benefits eligible

Hourly - 20-29.9 hrs/wkly - Benefits eligible

Hourly - <19.9 hrs/wkly - NOT Benefits eligible

Long Term Contingent (More than 10 days)

Drug tests not required for the following status

Short Term Contingent (Less than 10 days)

Holiday (October - December)

Non Union

Union

Union Only

Union #

Standard Hrs 30-

Gender F F-(Female) M-(Male)

Veteran Status N N-(Non-Vet) Y-(Vol) V-(Vietnam Era Vet (1982-75))

Disabled Status N Y-(Yes) N-(No)

Marital Status S S-(Single) / M-(Married) / D-(Divorced) / W-(Widower)

Disabled Vet N Y-(Yes) N-(No)

Ethnic Code 1 1-Caucasian/ 2-African American/ 3-Hispanic/ 4-Asian American/ 5-American Indian/ 6-Other

Education BA

Date Attained Degree 8/1/08

Major subject Dance I

Hire Source IR

Drug Test Verification Y Y-(Yes) N-(No) ALL ASSOCIATES MUST BE DRUG TESTED EXCEPT HOLIDAY AND SHORT TERM CONTINGENTS

Street Address [REDACTED]

City [REDACTED]

State [REDACTED]

Zip Code [REDACTED]

Apt # 30S

Home Phone ( ) [REDACTED]

Cell Phone [REDACTED]

TAX INFORMATION:

Tax Marital Status

Federal 3

State 3

SSN [REDACTED]

S-(Single) / M-(Married) / H-(Head of Household)

# of Exemptions

0

0

Extra Withholding (if desired)

\$

\$

County of Residence NY

EMERGENCY CONTACT INFORMATION:

Last Name [REDACTED]

First Name [REDACTED]

Relationship [REDACTED]

Emergency Phone [REDACTED]

TERMINATION INFORMATION:

Reason Code \_\_\_\_\_

Termination Date 1/1

PTO/Vacation Hours Due \_\_\_\_\_

Last Day Worked 1/1

Severance Hours Due (if any) \_\_\_\_\_ Weekly  Lump Sum

Rehire Eligibility Y-(Yes) N-(No)

Comments: \_\_\_\_\_

Associate Signature: [REDACTED]

Date 3/18/11

First Level Signature: [REDACTED]

Date 3/18/11

Second Level Signature: [REDACTED]

Date \_\_\_\_\_

BROOKS BROTHERS

JOB #716

DATE TIME TO/FROM MODE MIN/SEC PGS STATUS  
001 3/18 15:43 +8602534476 EC--S 00' 34" 003 OK

PLEASE PRINT CLEARLY **BROOKS BROTHERS ASSOCIATE DATA WORKSHEET**

Name: [REDACTED] Store # 6164 SSN # [REDACTED]

PLEASE CHECK ONE:  New Hire  Rehire  Changes  Termination

**RATE OF PAY:**  
 \*(Hourly rate of pay for hourly Associates; Annual rate of pay for salaried Associates) Job Code  CMSALC  
 Hourly Associate: \$   
 Salaried Associate: \$  Commission Location #   
 Date Started 3/18/11 Birth date [REDACTED]

**STATUS:**  
 Salaried  Long Term Contingent (More than 10 days)  Non Union  
 Hourly - 30+ hrs/wkly - Benefits eligible  Drug tests not required for the following status  Union  
 Hourly - 20-29.9 hrs/wkly - Benefits eligible  Short Term Contingent (Less than 10 days)  Union Only  
 Hourly - <19.9 hrs/wkly - NOT Benefits eligible  Holiday (October - December)  Union #  Standard Hrs 30-

Gender F F-(Female) M-(Male)  
 Veteran Status N N-(Non-Vet) Y-(Vet) V-(Vietnam Era Vet (1962-75)) Disabled Status N Y-(Yes) N-(No)  
 Marital Status S S-(Single) / M-(Married) / D-(Divorced) / W-(Widower) Disabled Vet N Y-(Yes) N-(No)  
 Ethnic Code 1 1-Caucasian/ 2-African American/ 3-Hispanic/ 4-Asian American/ 5-American Indian/ 6-Other

Education BA Date Attained Degree 8/1/08 Major subject Dance  
 Hire Source IR  
 Drug Test Verification Y Y-(Yes) N-(No) ALL ASSOCIATES MUST BE DRUG TESTED EXCEPT HOLIDAY AND SHORT TERM CONTINGENTS

Street Address [REDACTED] Apt # [REDACTED]  
 City [REDACTED] State [REDACTED] Zip Code [REDACTED]  
 Home Phone ( ) [REDACTED] Cell Phone [REDACTED]

**TAX INFORMATION:**  
 Federal 3 State 3 SSN [REDACTED]  
 Tax Marital Status S S-(Single) / M-(Married) / H-(Head of Household)  
 # of Exemptions 0  
 Extra Withholding (if desired) \$  \$   
 County of Residence NY

**EMERGENCY CONTACT INFORMATION:**  
 Last Name [REDACTED] First Name [REDACTED]  
 Relationship [REDACTED] Emergency Phone [REDACTED]

**TERMINATION INFORMATION:**  
 Reason Code \_\_\_\_\_ Termination Date  / /  
 PTO/Vacation Hours Due \_\_\_\_\_ Last Day Worked  / /  
 Severance Hours Due (if any) \_\_\_\_\_ Weekly  Lump Sum  Rehire Eligibility Y-(Yes) N-(No)

Comments: \_\_\_\_\_

Associate Signature: [REDACTED] Date 3/18/11  
 First Level Signature: [REDACTED] Date 3/18/11  
 Second Level Signature: [REDACTED] Date \_\_\_\_\_

PLEASE PRINT CLEARLY

### BROOKS BROTHERS ASSOCIATE DATA WORKSHEET

Name: [REDACTED]

Store # 6664

SSN # [REDACTED]

PLEASE CHECK ONE:  New Hire  Rehire  Changes  Termination

#### RATE OF PAY:

\*(Hourly rate of pay for hourly Associates; Annual rate of pay for salaried Associates)

Job Code  CMSALC

Hourly Associate: \$ 11.50

Salaried Associate: \$

Commission Location #

Date Started: 3/18/11

Birth date: [REDACTED]

#### STATUS:

- Salaried
- Hourly - 30+ hrs/wkly - Benefits eligible
- Hourly - 20-29.9 hrs/wkly - Benefits eligible
- Hourly - <19.9 hrs/wkly - NOT Benefits eligible

- Long Term Contingent (More than 10 days)
  - Short Term Contingent (Less than 10 days)
  - Holiday (October - December)
- Drug tests not required for the following status

- Non Union
- Union

Union #  Standard Hrs 30-

Gender E F-(Female) M-(Male)

Veteran Status N N-(Non-Vet)/ Y-(Vet)/ V-(Vietnam Era Vet (1962-75))

Disabled Status N Y-(Yes) N-(No)

Marital Status S S-(Single) / M-(Married) / D-(Divorced) / W-(Widow)er

Disabled Vet N Y-(Yes) N-(No)

Ethnic Code 1 1- Caucasian/ 2-African American/ 3-Hispanic/ 4-Asian American/ 5-American Indian/ 6-Other

Education BA IR

Date Attained Degree 8/1/08

Major subject Dance I

Hire Source IR

Drug Test Verification  Y-(Yes) N-(No) ALL ASSOCIATES MUST BE DRUG TESTED EXCEPT HOLIDAY AND SHORT TERM CONTINGENTS

Street Address [REDACTED]

City [REDACTED]

State [REDACTED]

Zip Code [REDACTED]

Apt # [REDACTED]

Home Phone ( )

Cell Phone [REDACTED]

#### TAX INFORMATION:

Tax Marital Status

Federal 3

State 3

SSN [REDACTED]

S-(Single)/ M-(Married)/ H-(Head of Household)

# of Exemptions

0

0

Extra Withholding (if desired)

\$

\$

County of Residence NY

#### EMERGENCY CONTACT INFORMATION:

Last Name [REDACTED]

First Name [REDACTED]

Relationship [REDACTED]

Emergency Phone [REDACTED]

#### TERMINATION INFORMATION:

Reason Code

Termination Date / /

PTO/Vacation Hours Due

Last Day Worked / /

Severance Hours Due (if any)  Weekly  Lump Sum

Rehire Eligibility  Y-(Yes) N-(No)

Comments:

Associate Signature: [REDACTED]

Date 3/18/11

First Level Signature: [REDACTED]

Date 3/18/11

Second Level Signature: [REDACTED]

Date / /

Fax to Payroll (860) 253 - 4476

or send electronically to [PayrollBrooksBrothers@retailbrandalliance.com](mailto:PayrollBrooksBrothers@retailbrandalliance.com)

# Form W-4 (2011)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

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

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

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

**D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . **D** 1

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

**F** Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . . **F** 1  
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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

**H** Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ **H** 1

For accuracy, complete all worksheets that apply.   
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-2159 <b>2011</b>
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				
1 Type or print your first name and middle initial. Last name		2 Your social security number		
Home address (number and street or rural route)		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City, town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 <u>1</u>
6 Additional amount, if any, you want withheld from each paycheck				6 \$ <u>          </u>
7 I claim exemption from withholding for 2011, 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 <u>          </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶ <u>3/18/11</u>
8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

TO: PAYROLL DEPARTMENT  
RE: DIRECT DEPOSIT

**INSTRUCTIONS:**

1. Complete "Associate Section".
2. Have a bank representative complete the "Bank Section".
3. Attach a voided checking account check to the form.
4. Submit the completed form to the Payroll Department.

**NOTE:**

A TWO WEEK WAITING PERIOD is necessary to set you up on Direct Deposit (EFT). You will receive a hard check during that waiting period. UPON RECEIPT OF YOUR FIRST EFT STUB, PLEASE CONFIRM WITH YOUR BANK THAT THIS DEPOSIT HAS BEEN MADE. *CONFIRMATION OF WEEKLY DEPOSITS SHOULD BE MADE PRIOR TO USE OF THE FUNDS.* A change of banks also requires a two-week waiting period. Upon separation from the company, your final paycheck will be a hard check rather than a direct deposit.

**ASSOCIATE SECTION:**

Associate Name: \_\_\_\_\_  
Associate ID Number: \_\_\_\_\_  
Store Number: 6164

Corrections: If my account is credited with an incorrect amount, you are permitted to correct the error with an electronic debit or by paper entry.

Associate Signature: \_\_\_\_\_

**BANK SECTION:**

Bank Name: \_\_\_\_\_  
Bank Routing Number (9 digits): \_\_\_\_\_  
Checking/Savings Account Name(s): \_\_\_\_\_  
Checking Account Number: \_\_\_\_\_  
OR  
Savings Account Number: \_\_\_\_\_  
Bank Contact (Name & Phone Number): \_\_\_\_\_

This is to certify that the above named bank is certified bank eligible to accept Direct Deposit (EFT) of payroll funds for the account number indicated.

Bank Representative Signature & Title: \_\_\_\_\_

Rev. 11/09

*Please fax this form to the Payroll Department at 860-253-4476 as electronic submission is not available at this time.*

BROOKS BROTHERS

JOB #718

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	STATUS
001	3/18	15:46	8607413171	EC--S	00' 11"	001 OK

### HIPAA CONFIDENTIALITY AGREEMENT

I, , have read and understand Retail Brand Alliance, Inc.'s policies regarding the privacy of individually identifiable health information (or Protected Health Information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that this notice serves as my initial training in RBA's policies concerning PHI use, disclosure, storage and destruction as required by HIPAA.

In consideration of my employment or compensation from Retail Brand Alliance, Inc., I hereby agree that I will not at any time, either during my employment or association with RBA, or after my employment or association ends, use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with RBA, as set forth in RBA's privacy policies and procedures or as permitted by HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with RBA, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Retail Brand Alliance, Inc., policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including termination of employment or association with Retail Brand Alliance, Inc., and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will remain in effect even after the termination of my employment or end of my association with Retail Brand Alliance, Inc., regardless of the reason for such termination.

Signature:



Date:

3/18/11

Associate ID No.:

\_\_\_\_\_

**Please make 3 copies and distribute as follows:**

**Associate**

**Store Associate File**

**Benefits Department ( fax this form to the People Services Department at (860)741-5285 or (860)741-3171)**

## HIPAA CONFIDENTIALITY AGREEMENT

I, , have read and understand Retail Brand  
(Print Name)

Alliance, Inc.'s policies regarding the privacy of individually identifiable health information (or Protected Health Information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that this notice serves as my initial training in RBA's policies concerning PHI use, disclosure, storage and destruction as required by HIPAA.

In consideration of my employment or compensation from Retail Brand Alliance, Inc., I hereby agree that I will not at any time, either during my employment or association with RBA, or after my employment or association ends, use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with RBA, as set forth in RBA's privacy policies and procedures or as permitted by HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with RBA, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Retail Brand Alliance, Inc., policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including termination of employment or association with Retail Brand Alliance, Inc., and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will remain in effect even after the termination of my employment or end of my association with Retail Brand Alliance, Inc., regardless of the reason for such termination.

Signature:



Date:

3/18/11

Associate ID No.:

\_\_\_\_\_

***Please make 3 copies and distribute as follows:***

***Associate***

***Store Associate File***

***Benefits Department ( fax this form to the People Services Department at (860)741-6285 or (860)741-3171)***

### Counseling Document: Maintaining the Professional Selling Standards

Associate Name: [Redacted]

Date: 8/9/12

Associate ID: [Redacted]

Date of Hire: 3/18/11

Position:

Store Number: 6164

Our Mission, Vision, and Values form the foundation of who we are as a company. Policies, practices, and standards exist to make the concepts of Mission, Vision, and Values more concrete. As a Professional Sales Associate at Brooks Brothers, you are a representative of the company and expected to follow these policies, practices, and standards. You are being issued this counseling for failing to maintain our Professional Selling Standards.

#### Reason for Counseling: Failure to meet Professional Selling Standards

For the quarter beginning 04/29/12 and ending on 07/28/12, you achieved 78.59% NSPH. Brooks Brothers' Professional Selling Standards requires that you achieve a minimum selling standard of 85% NSPH. You are being issued a step 1 counseling. Failure to achieve the 85% NSPH in any 1 of 2 QT's (Aug-Oct) or (Nov-Jan) will result in step 2 counseling.

#### Recommendation for Improvement:

You are expected to take advantage of all the tools available to you (including but not limited to training tools, clienteling tools, your store telephone, and thank you cards) to create a profitable business for yourself and for the company. Achieving 85% NSPH is critical to achieving this profitability. Partnering with your manager to determine an action plan to do so is a great first step, but you are responsible for making the plan work for you. Should you not meet 85% NSPH in any of the next two quarters, you will receive further disciplinary counseling.

Meeting the 85% NSPH standard means that this Step 1 Counseling Document will be reduced for each two consecutive quarters in which you meet the 85% NSPH standard.

*Improved performance must be achieved or further disciplinary action—up to and including termination of your employment—may result.*

#### Associate's statement on above:

At this time, I will not be signing this form. I do not accept this counseling as I am dealing with an injury which prevents me from competing w/ other associates who are not injured. I can not go up & down the stairs without great pain. I have plantar fasciitis (sp?) caused by our stairs, which I believe began in Feb. (over)

Previous Counseling Date/s (if applicable): \_\_\_\_\_

Manager's Signature: [Signature]

Date: 8/11/12

I have reviewed this counseling and it has been discussed with me.

Associate's Signature: [Redacted]

Date: \_\_\_\_\_

Witness's Signature: [Signature]

Date: 08/11/12

I have been to a doctor who suggested treatment  
I can not afford. I may like to continue and  
reach for more opportunities within Brakes  
Bros, and don't want negative files on me  
which I ~~do~~<sup>did</sup> not have the power to prevent.

Sincerely, & with high regards,

A large, solid black rectangular redaction mark covering the signature area.



# Brooks Brothers

## COUNSELING REPORT

Associate Name: [REDACTED] Date: November 12, 2011 \_\_\_\_\_  
 Associate SSN: [REDACTED] Date of Hire: 03-18-11 \_\_\_\_\_  
 Department: Sales \_\_\_\_\_ Store Number: 6164

**You are being issued this counseling due to an infraction of Company policies and/or practices as stated below. Improved performance must be achieved or further disciplinary action, up to and including termination of your employment may result.**

**Reason: Failure to meet Professional Selling Standards**

For the quarter beginning July 31<sup>st</sup> and ending October 29<sup>th</sup>, 2011 [REDACTED] achieved an 83.93 % NSPH. Brooks Brother's professional selling standards require our professional sales associates to achieve a minimum selling standard of 85% NSPH. Accordingly you are being issued a step 1 Counseling. Failure to achieve the 85% NSPH in any 1 of the next 2 quarters (Nov-Jan) or (Feb-April 12) will result in step 2 counseling

**Recommendation for improvement:**

[REDACTED] must utilize her client book and contact clients to ensure that he continues to drive his business and take full advantage of introducing other areas of the business to his customers to increase his sales potential.

This Step 1 counseling report will be reduced for each 2 consecutive quarters in which you meet the 85% NSPH requirement

**Associate's statement on above:**

**Action Taken:** Step 1 Counseling \_\_\_\_\_

**Formal Discussion Date:** \_\_\_\_\_

Step 1 Counseling: November 12, 2011 \_\_\_\_\_ Step 2 Counseling \_\_\_\_\_ Step 3 \_\_\_\_\_

Manager's Signature: [Signature]

Date: 11-12-11

**I have seen this counseling and it has been discussed with me.**

Associate's Signature: [REDACTED]

Date: 11-12-11

Witness's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Forward the original counseling document to the Human Resources Department. Provide the Associate with a copy).

more



**EMPLOYMENT APPLICATION**

# RETAIL BRAND ALLIANCE

ADRIENNE VITTADINI BROOKS BROTHERS CAROLEE

100 Phoenix Avenue, P.O. Box 1700  
Enfield, CT 06083-1700

**PERSONAL INFORMATION**

Date of Application <b>3/3/11</b>		Position Applying For <b>Sales, open</b>		Other positions for which you are qualified:	
Last Name <b>Browne</b>		First Name <b>Valerie</b>		Middle Name <b>Mae</b>	
Present Street Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	How long have you live there? Yr. Mo. <b>6</b>
Prior Street Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	How long did you live there? Yr. Mo. <b>5</b>
Daytime Phone [REDACTED]	Evening Phone ( ) [REDACTED]	Social Security Number [REDACTED]		Do you have a reliable means of transportation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
E-mail Address [REDACTED]	When can you start? <b>immediately</b>	Schedule desired: <input checked="" type="checkbox"/> Full Time Days <input checked="" type="checkbox"/> Full Time Evenings <input type="checkbox"/> Part Time Days <input checked="" type="checkbox"/> Part Time Evenings <input checked="" type="checkbox"/> Weekends <input checked="" type="checkbox"/> Seasonal		Company/Division Applying To: <input type="checkbox"/> Adrienne Vittadini <input type="checkbox"/> Carolee <input checked="" type="checkbox"/> Brooks Brothers	

**MISCELLANEOUS INFORMATION**

List all friends and relatives currently working for us and their location. <b>Christopher Najarro, 5<sup>th</sup> Madison</b>		Will you now or in the future require sponsorship for a visa? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please give details. A prior conviction will not automatically disqualify you from employment. <small>In the state of California only, if you were convicted of unlawful possession and/or transport of marijuana per subdivision (a) or (b) of Section 11361.5 of California's Health and Safety Code, more than two years before the date of completion of this application, you may answer no to this question.</small>
How were you referred to us? <b>Gerry Fredella Flagship Visual Merchandising Manager</b>		Have you undergone a name change that would hinder our ability to check your previous work history. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please explain.	
Have you ever worked for: <input type="checkbox"/> Adrienne Vittadini <input type="checkbox"/> Caren Charles <input type="checkbox"/> Casual Corner Outlet/Annex <input type="checkbox"/> Petite Sophisticate Outlet/Annex <input type="checkbox"/> August Max <input type="checkbox"/> Career Image <input type="checkbox"/> Casual Corner Women Outlet/Annex <input type="checkbox"/> Sunglass Hut <input type="checkbox"/> August Max Women <input type="checkbox"/> Career Image Company Store <input type="checkbox"/> Lenscrafters <input type="checkbox"/> Ups & Downs <input checked="" type="checkbox"/> Brooks Brothers <input type="checkbox"/> Carolee Designs <input type="checkbox"/> Pappagallo <input type="checkbox"/> U.S. Shoe <input type="checkbox"/> Capezio <input type="checkbox"/> Casual Corner <input type="checkbox"/> Petite Sophisticate <input type="checkbox"/> Watch World/Watch Station <input type="checkbox"/> None			
If yes, please explain: <b>I have been here to help decorate the past 2 Christmas'</b>			

**WORK HISTORY**

LIST YOUR PREVIOUS EXPERIENCE BEGINNING WITH YOUR MOST RECENT POSITION (Including Military Service, if applicable)				
Start Date	Employer Name	Starting Position	Starting Salary	Major Duties
<b>8/1/09</b>	<b>Steps On Broadway</b>	<b>Cafe Barista</b>	<b>\$ N/A workstudy</b>	<b>customer service to high profile faculty guests. Maintaining the facility</b>
<b>N/A</b>	<b>2121 Broadway</b>	<b>Night Shift</b>	<b>\$10/hr as a sub</b>	
List Three Management References:	1) Name/Title Phone [REDACTED]	2) Name/Title Phone [REDACTED] same	3) Name/Title Phone [REDACTED] same	Reason for leaving <b>Still There?</b>
<b>11/1/09</b>	<b>Once Upon a Time</b>	<b>Performing Artist</b>	<b>\$ 25/show</b>	<b>Performing ballet &amp; theatre for a live audience. Teaching ballet to students.</b>
<b>1/1/11</b>	<b>Queens, NY</b>	<b>Performing Artist/Instructor</b>	<b>\$25/show + \$300/wk</b>	
List Three Management References:	1) Name/Title Phone [REDACTED]	2) Name/Title Phone [REDACTED]	3) Name/Title Phone [REDACTED] (same)	Reason for leaving <b>Desire for Career Change</b>
<b>10/1/08</b>	<b>Mad Science</b>	<b>Instructor</b>	<b>\$20/class</b>	<b>teaching an after school science course, maintaining equipment in office</b>
<b>2/15/10</b>	<b>OC, CA (BK, NY)</b>	<b>Instructor/Equip. Manager</b>	<b>\$35/class + \$300/wk</b>	
List Three Management References:	1) Name/Title Phone [REDACTED]	2) Name/Title Phone [REDACTED]	3) Name/Title Phone [REDACTED]	Reason for leaving <b>I don't like to teach anymore.</b>

**WORK HISTORY**

Start Date 6/1/07	Employer Name Danman's Dance	Starting Position ballet instructor	Starting Salary \$35/class	Major Duties teaching dance to all ages of students
Date Left 1/1/09	Address Dana Point CA	Final Position ballet instructor	Current Salary \$35/class	
List Three Management References:	1) Name/Title Phone [Redacted]	2) Name/Title Phone [Redacted]	3) Name/Title Phone [Redacted]	Reason for leaving studio closed

In the past seven years have you been asked to leave the employ of any employer listed or not listed on this application? Yes  No

**EDUCATION AND TRAINING**

Type of School	Name and Address of School	Highest Grade Comp	Course of Study	Did you Graduate?	List Diploma or Degree
High School	Torrey Pines, Carmel Valley CA	9 10 11 12	AP	<input checked="" type="radio"/> Yes <input type="radio"/> No	Diploma
College	University of California at Irvine	13 14 15 16	Dance Education	<input checked="" type="radio"/> Yes <input type="radio"/> No	BA
Other (Specify)		17 18 19 20		Yes <input type="radio"/> No <input type="radio"/>	
Business or Trade		1 2 3 4		Yes <input type="radio"/> No <input type="radio"/>	

**SPECIAL SKILLS**

Typing ( \_\_\_\_\_ ? \_\_\_\_\_ WPM)

Word Processing Equipment/Programs

Computers (List Programs you know) Word, Excel, Power Point, Final Cut

Other Skills

**AVAILABILITY - (Hours Available For Work)**

Days of the Week	From Time:	To Time:	Comments
Monday	open	open	
Tuesday	open	8:30	can be changed if necessary
Wednesday	open	8:30	
Thursday	open	8:30	
Friday	open	open	
Saturday	open	open	
Sunday	open	open	

I am aware that frequent absences in violation of the Attendance Policy can create a hardship for coworkers and the Company. I am also aware that compliance with the Attendance Policy is an essential function of the job I am seeking. If hired, I can comply with the policy with or without reasonable accommodation. Yes  No

**DRUG FREE WORK PLACE**

Retail Brand Alliance is a Drug-Free Company. As required by our Drug-Free Work Place Policy, all prospective Associates are required to take a drug test prior to being hired with the Company. A summary of this policy is described below.

***If you currently use illegal drugs or abuse legal drugs, you will not be hired.***

**SCOPE OF POLICY**

This policy applies to all Applicants and Associates of Retail Brand Alliance.

**POLICY VIOLATIONS**

The Company feels strongly that drug use in the work place can undermine individual job performance, the security of other Associates and the Company's business. As a result, the following activities are prohibited while on Company premises or while on Company business:

- Using or having detectable levels of illegal drugs in your system or abuse of any drug, controlled substance or chemical.
- Using prescription drugs for any purpose other than as prescribed or by anyone other than the person to whom prescribed.
- The purchase, sale, transfer, possession, manufacture, or distribution of illegal drugs, controlled substances or chemicals.

Engaging in any of these activities will result in disciplinary action, up to and including termination.

**DRUG TESTING**

The Company reserves the right to test applicants and in certain situations test Associates for evidence of substance abuse. Test will screen for abuse of compounds including, but not limited to the following:

- Amphetamines
- Barbiturates
- Propoxyphene

- Cocaine
- Codeine
- Methadone

- Methaqualone
- Morphine
- Benzodiazepines

- Marijuana
- Phencyclidine (PCP)

- Offers of employment will only be made upon successfully passing a Urinalysis Test \*(See exceptions listed in the acknowledgement and consent section of this form).
- No applicant may be considered for regular employment who has not signed the Drug Screening Consent and Release Form.

**EMPLOYMENT DOCUMENTS**

If the Company offers you a position, you will be asked to sign several documents relative to your employment. We have reproduced some of those documents here, along with a brief description for your information only. Should the Company offer you a position and you refuse to sign these documents, the offer of employment will be withdrawn.

**PLEASE READ EACH STATEMENT CAREFULLY**

As you probably know, we generally check references offered by employment applicants, and may go to suitable sources for additional information. Our objective is to obtain information on ability, previous job performance, character and reputation, for the sole purpose of considering you for employment. The state of Maryland, public law 91-508 requires us to tell you this. On your written request, additional information on the nature and scope of inquiries, if any are made, will be provided.

I certify that the information that I have provided on my application, resume, given verbally, or provided on any other material, is true to the best of my knowledge and understand that falsification and/or omission of this information may result in dismissal in accordance with Company Policy. The Company in considering my application for employment may verify the information set forth on this application with exception to any disclosure of disability and/or medical information as prohibited by the ADA. I agree that, before and, in the event that I am hired, at any time during my employment, the Company, in its discretion, may investigate my employment history, education, financial integrity, credit worthiness, and any other aspect of my background and confirm that I have no prior criminal record. For this purpose, I specifically hereby authorize the Company to obtain such credit reports, background checks and other information as may be useful.

In accepting employment, I acknowledge that the policies, benefits, and other programs listed in the benefits booklet and policy manuals do not infer or imply a contract of employment between the Company and myself. I realize that the aforementioned benefits, policies and programs are provided at company discretion and may be changed or eliminated at any time. In consideration of employment, I agree to conform to the rules and regulations of the Company, I also realize that employment is considered to be "at will", during which time my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Company or myself. Furthermore, I understand that Retail Brand Alliance does not enter into contracts of employment with its Associates except in writing signed by an Officer of the Company. I also affirm that I have not signed any kind of restrictive document, creating any obligation to any former employer that would restrict my acceptance of employment with Retail Brand Alliance.

**MARYLAND LIE DETECTOR LAW**

Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

**MASSACHUSETTS LIE DETECTOR LAW**

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer that violates this law shall be subject to criminal penalties and civil liability."

**ACKNOWLEDGMENT AND CONSENT**

**ACKNOWLEDGEMENT**

I hereby acknowledge that I have read and understand all statements made on this application.

**PRE-EMPLOYMENT AND POST-EMPLOYMENT DRUG SCREENING CONSENT.**

I hereby give my voluntary consent for a urine sample to be collected from me and submitted for a drug or controlled substance abuse screening test. I understand that any positive result from such test will preclude my being offered employment (if an applicant) or terminate my continued employment (if current Associate). Further, I understand my failure to execute this voluntary consent will result in my not being further considered for employment (if on applicant).

I hereby consent, if I am an applicant, to the release of the test results to those Company officials who make employment decisions for the Company. Further, if a current Associate, I give my consent for the release of test results to the appropriate Company officials for the determination of continued employment.

**STATE EXCEPTIONS TO THE POLICY INCLUDE:**

If you reside in Maine, Minnesota, Oklahoma, Rhode Island and Vermont, please read the following.

I understand that I will be given an offer of employment prior to submitting to the required pre-employment substance abuse screening test. I further understand that I cannot and will not be hired until I have SUCCESSFULLY completed a pre-employment substance test. I understand I will be given advance written notice of this requirement. I understand that the substances that I will be tested for include but are not limited to those indicated on the top of this page.

NAME (Please print) Valerie Mae Brown

Date 3/3/11

SIN# 2137  
FORM# 670.9  
REV 9/06

Signature: *Valerie Mae Brown*

**OUR EMPLOYMENT POLICY**  
EQUAL OPPORTUNITY FOR ALL WITHOUT REGARD TO ANY  
PROTECTED CLASS STATUS AS DEFINED BY FEDERAL, STATE OR LOCAL LAW

**NO SMOKING POLICY**  
THE FACILITIES OF RETAIL BRAND ALLIANCE INC.  
PROHIBITS SMOKING ON THE PREMISES

**RETAIL BRAND ALLIANCE**

100 Phoenix Avenue, P.O. Box 1700  
Enfield, CT 06083-1700



# BROOKS BROTHERS

## ATTENDANCE RECORD

CURRENT YEAR: 1921

NAME: [REDACTED] ASSOCIATE # [REDACTED] STORE/LOCATION: 6164 DATE OF HIRE: / / DATE OF BIRTH: / /

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
JANUARY																																
FEBRUARY																																
MARCH																																
APRIL																																
MAY																																
JUNE																																
JULY																																
AUGUST																																
SEPTEMBER																																
OCTOBER																																
NOVEMBER																																
DECEMBER																																

QB721 1/05

- S—Sick/Absent
- L—Late
- P—Personal
- H—Holiday
- V—Vacation
- B—Bereavement
- D—Disability
- W—Worker's Comp
- J—Jury Duty
- A—Leave of Absence

**FULL - TIME FLEXIBLE BENEFITS and PART-TIME PLUS (Retail Only)**  
**RETAIL BRAND ALLIANCE, INC. / BROOKS BROTHERS**  
 People Services  
 P.O. Box 1700  
 Enfield, CT 06083-1700

**This form must be completed and sent:**  
 By the date specified in the Annual Enrollment package.  
 Within 31 days of the following events:  
 The Date you are hired full time.  
 The Date you experience a family status change.  
 The Date you transfer employment status.  
**FAX: (860) 741-6285 or (860) 741-3171**

**HOME OFFICE USE ONLY**  
 Date Received \_\_\_\_\_  
 Effective Date \_\_\_\_\_

**SECTION A ASSOCIATE INFORMATION (Complete ALL of section A)**  Check here if this is updated contact information

Name (Last, First, MI) \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Address (Street, City, State, Zip) \_\_\_\_\_  
 Store # 6164 Date of Hire \_\_\_\_\_  
 Home Phone # \_\_\_\_\_  
 Marital Status  Single  Married Reason for Application \_\_\_\_\_  
 Hire (due 31 days from DOH) \_\_\_\_\_  
 Status Change (Complete Section J) \_\_\_\_\_  
 Annual Enrollment (due by Nov. 22, 2010) \_\_\_\_\_

**SECTION B HEALTH BENEFIT (PART TIME PLUS ONLY eligibles for Low PPO Choice Plus/Freedom)**

MEDICAL PLAN / One:  Associate  Associate Plus CHD  
 Associate Plus Spouse  Associate Plus Children  
 Family

MEDICAL COVERAGE / One:  Associate  Associate Plus CHD  
 Associate Plus Spouse  Associate Plus Children

**SECTION C FAMILY INFORMATION (List all family members to be covered including yourself)**

(Last, First, MI)

ASSOCIATE	RELATION- SHIP	Coverage Medical	Dental	Health- care VM	Date of Birth	Sex	Social Security Number	HMO or EPO Primary Care Physician ID # or Name	Dental DHMO ID
Dependent 1	SELF								
Dependent 2									
Dependent 3									
Dependent 4									

If more space is needed, use back of this white form  
 Do you or any of your dependents have coverage under any other medical plan?  Yes  No If yes, please complete: \_\_\_\_\_  
 Are any children listed above eligible to participate in a medical or dental plan of their employer?  Yes  No  
 Are you or any of your dependents eligible for Medicare?  Yes  No

Name of Spouse/Dependent \_\_\_\_\_ Employer Name \_\_\_\_\_ Individual or Family Membership \_\_\_\_\_ Insurance Co. Name \_\_\_\_\_ Name \_\_\_\_\_ Graduation Date \_\_\_\_\_

**SECTION D ASSOCIATE LIFE/AD & V(One)**

Option 1 1x pay  Option 4 4x pay  
 Option 2 2x pay  Option 5 5x pay  
 Option 3 3x pay

**SECTION E SPOUSE LIFE (ONE-CAN BE NO MORE THAN 1/2 OF ASSOCIATE COVERAGE)**

Decline Coverage  Option 3 \$15,000  
 Option 1 \$5000  Option 4 \$20,000  
 Option 2 \$10,000  Option 5 \$30,000

**SECTION F CHILD LIFE (One)**

Decline Coverage  Option 2 (\$5,000)  
 Option 1 (\$2,000)  Option 3 (\$10,000)

**SECTION G SHORT TERM DISABILITY (Hourly Associates Complete)**

Hourly Associates  Decline Coverage  I elect coverage  
 Salaried Associates  I elect coverage  
 Salaried Associates automatically enrolled

**SECTION H LONG TERM DISABILITY**

TAX FREE INCOME BENEFIT (100% Associate Paid)  
 Option 1 (40%) (max \$10,000)  
 Option 2 (50%) (max \$12,500)  
 Option 3 (50%) (max \$15,000)

**SECTION I FLEXIBLE SPENDING ACCOUNT**

HEALTHCARE SPENDING ACCOUNT  I Decline Coverage  I Elect Coverage \$ \_\_\_\_\_ Weekly Election Amount (through the end of year)  
 DEPENDENT CARE SPENDING ACCOUNT  I Decline Coverage  I Elect Coverage \$ \_\_\_\_\_ Election Annual Amount (through the end of year)

**SECTION J STATUS CHANGE(Complete this section when requesting a change)**

I request a change in coverage due to the following status change (one) - Supporting documentation required

Date of Event	Supporting documentation required	%	NAME	SOCIAL SECURITY #	DOB
	<input type="checkbox"/> Part Time to Full Time <input type="checkbox"/> Part Time Plus to Full Time <input type="checkbox"/> Full Time to Part Time Plus <input type="checkbox"/> Marriage * Supporting documentation required	100			
	<input type="checkbox"/> Divorce <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Death of Spouse/dependent <input type="checkbox"/> Spouse beginning/ending job/benefits <input type="checkbox"/> Other				

**BENEFICIARY FOR ASSOCIATE LIFE INSURANCE (PRIMARY & CONTINGENT)**

I hereby certify that the information supplied above is true to the best of my knowledge and that I have received and read the benefits materials described in my Employer's current announcement. I desire the coverage as indicated and intend the above-stated elections to remain in effect until written notice to the plan administrator. In accordance with the terms of the Plan, I authorize my Employer to deduct from my pay my contribution (if any) to the cost of such coverage. I am aware if I leave the company that my benefits will last until the end of the month in which my last day worked is in and that deductions will be taken out of my last check to cover any deductions that are needed. Further, I hereby authorize any provider of health services (or any other agency or entity) to provide, upon request, any information concerning the health, conditions or treatment of any covered person whenever such information is necessary to deliver medical care to the proper medical care of a claim submitted for payment, medical management or in fulfillment of obligations imposed by State or Federal Law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Reversed 10-10 While Copy, Benefits Department Pink Copy, Associate for verification purposes

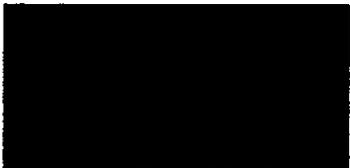
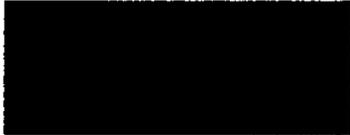
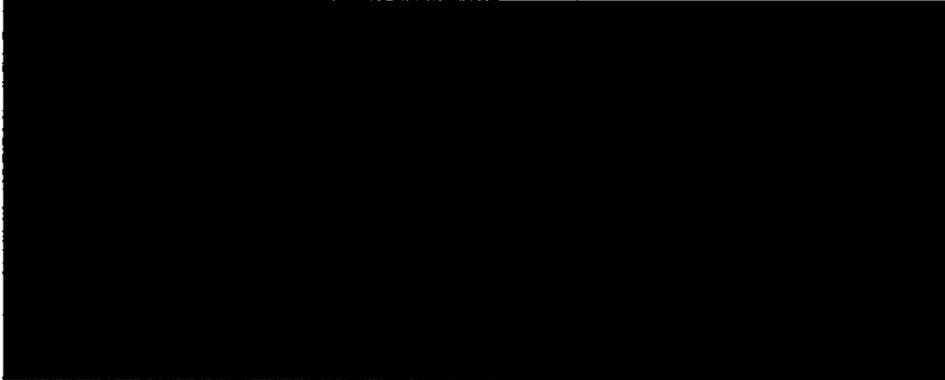
# PSA Monthly Touchbase

Name: \_\_\_\_\_

Date of Last Touchbase: 5/1/12

Associate Number: \_\_\_\_\_

Date of Current Touchbase : 6/1/12



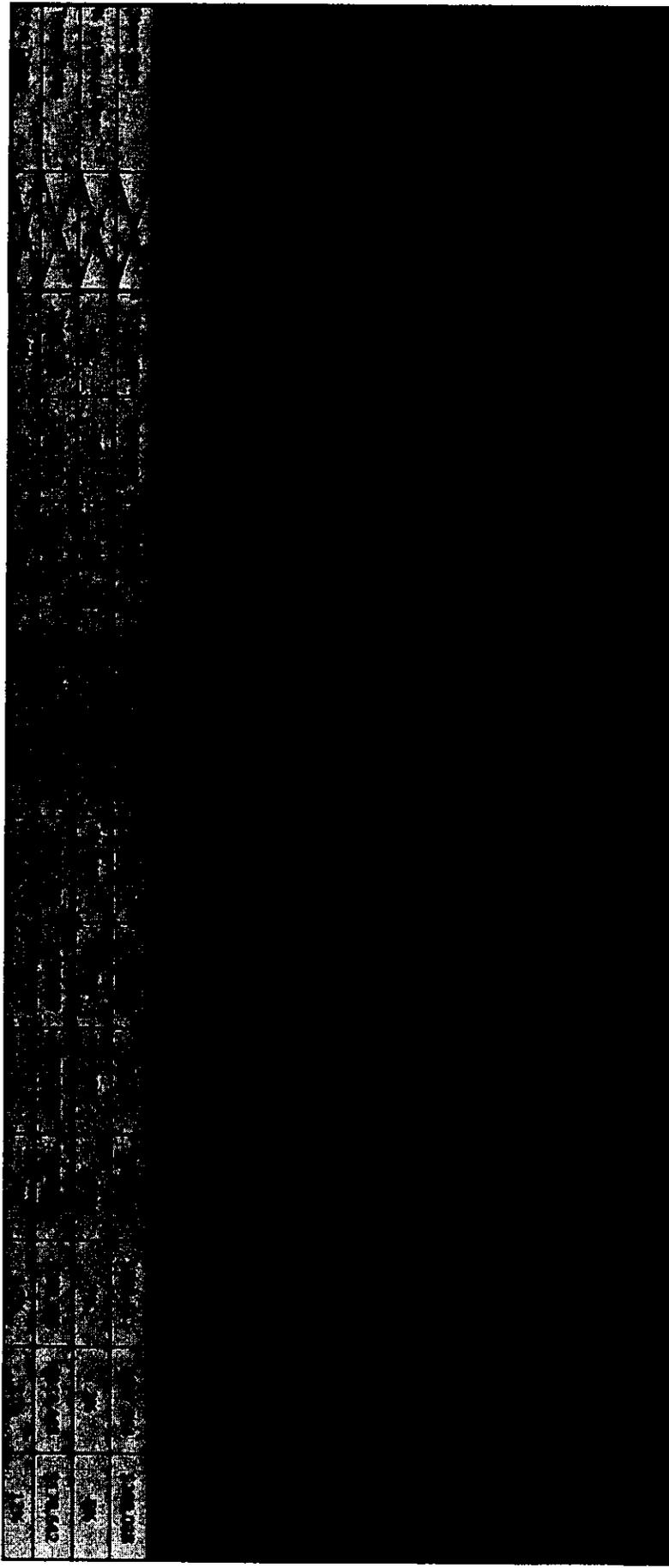
Associate Signature & Date: \_\_\_\_\_

Manager Signature & Date: \_\_\_\_\_



Associate Name & Date: \_\_\_\_\_

Manager Name & Date: \_\_\_\_\_





# Brooks Brothers

## COUNSELING REPORT

Associate Name: [REDACTED] Date: 07/06/11  
 Associate SSN: [REDACTED] Date of Hire: 03/18/11  
 Department: N/A Store Number: 06164

You are being issued this counseling due to an infraction of Company policies and/or practices as stated below. Improved performance must be achieved or further disciplinary action, up to and including termination of your employment may result.

Reason: On 6/26/11, [REDACTED] was conducting a return transaction for a client she had assisted earlier that day. During this transaction, [REDACTED] elected to key in the commissioned sale as a return with no receipt information, allowing the commission to inaccurately be allocated. The receipt was present at the time of the return by the client, and [REDACTED] was redirected by colleague, [REDACTED] to conduct the return properly. When counseled by management at the time of the incident, [REDACTED] has admitted to conducting return transactions like this previously in a similar process, all of which are in violation of company's policy and procedures.

### Recommendation for improvement:

Comply with all standards, policies and practices when executing all returns for data integrity and proper allocation of returned commissions.

### Associate's statement on above:

*I was trying to go fast & didn't ask if customer had receipt. I thought that it did not matter if it was an exchange. Sorry.*

Action Taken: If the beforementioned expected behavior fails to be compliant and consistent, Valerie may be subjected to further counseling, corrective action and/or including up to termination.

Formal Discussion Date: 07/06/11 *CB*

Step 1 Counseling X Step 2 Counseling \_\_\_\_\_ Step 3 (Termination) \_\_\_\_\_

Manager's Signature: *CB* Date: 7/6/11

I have seen this counseling and it has been discussed with me.

Associate's Signatures: [REDACTED] Date: 7/6/11

Witness's Signature: Farah Jubril

Date: 07-06-11

(Forward the original counseling document to the Human Resources Department. Provide the Associate with a copy).

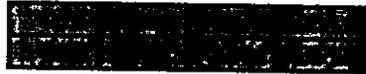
## PSA Monthly Touchbase

Name: [REDACTED]

Date of Last Touchbase: 5/27/11

Associate Number: [REDACTED]

Date of Current Touchbase: 7/1/11

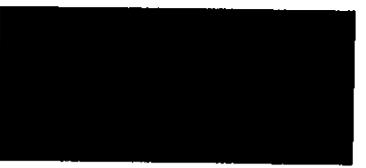
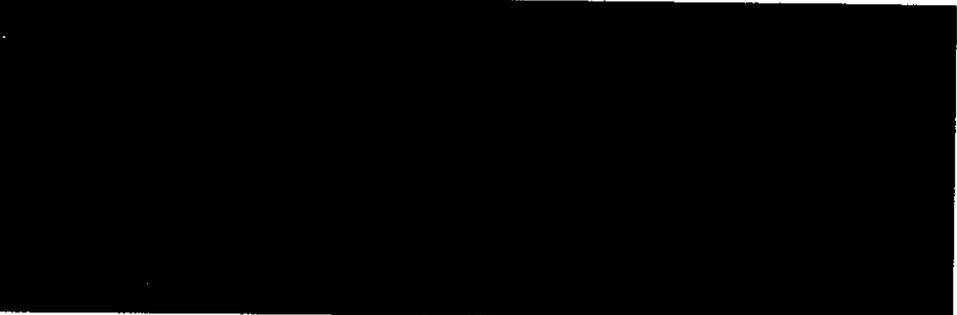


Existing Relationships with the Customer		Q1 - Q4	
• Customer and records of financial, medical, and information from customer of SA's responses			
• Relationship and business relationship (Bank, Insurance & Credit Cards)			
• Existing sales (existing with other SA's, Existing Client Appointment setting status & relationship)			
• New sales (new with other SA's)			
• New sales (new with other SA's)			
• Relationship status to other SA's (existing with other SA's)			
• Relationship status to other SA's (existing with other SA's)			
• Relationship status to other SA's (existing with other SA's)			
• Relationship status to other SA's (existing with other SA's)			

Rate each section 1-5 (1 = poor, 5 = excellent)			
Q1	Q2	Q3	Q4

Existing Relationships with the Customer		Q1 - Q4	
• Customer and records of financial, medical, and information from customer of SA's responses			
• Relationship and business relationship (Bank, Insurance & Credit Cards)			
• Existing sales (existing with other SA's, Existing Client Appointment setting status & relationship)			
• New sales (new with other SA's)			
• New sales (new with other SA's)			
• Relationship status to other SA's (existing with other SA's)			
• Relationship status to other SA's (existing with other SA's)			
• Relationship status to other SA's (existing with other SA's)			
• Relationship status to other SA's (existing with other SA's)			

Rate each section 1-5 (1 = poor, 5 = excellent)			
Q1	Q2	Q3	Q4



**V: Summary, Commitments, & Next Steps**

[REDACTED] continues to maintain a consistent sales performance. She demonstrates a passion for the business and embraces feedback. She continues to be mindful in suggestive selling by ensuring to ask the appropriate questions in meeting client's needs. [REDACTED] remains consistent in performing non-selling tasks. Her opportunities for improvement are to continue to elevate her level of professionalism with her clients & peers maintaining a mature relationship. [REDACTED] has taken to the selling culture and has taken the initiative in her development. Management will continue to support her development with critical feedback and direction.

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Associate Signature & Date: [REDACTED]

Manager Signature & Date: [Signature]

Overall Rating			
Q1	Q2	Q3	Q4
0	0	0	3

	September	October	November	December	January	February	March	April	May	June	July
Credit Cards											
Customer DC											
Thank You											
Search %											
App's											
Client Entries											
G-SAT Response #											
Store Sales											
% to Bonus Plan											
Target Sales											
% to Target											

Associate Name & Date:  7/1/11

Manager Name & Date:  7/1/11

# PSA Monthly Touchbase

Name: [Redacted]

Date of Last Touchbase: \_\_\_\_\_

Associate Number: 144535

Date of Current Touchbase: 5/27/11

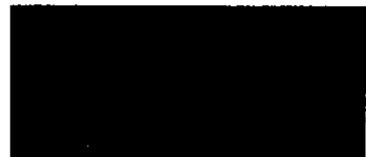


II: Building Relationships with the Customer	50% Weight
<ul style="list-style-type: none"> <li>1. Gather and provide insights, feedback, and information from customers, clients, prospects, and referral sources (Phone, Fax, Email &amp; Social Media)</li> <li>2. Establish and nurture relationships (Phone, Fax, Email &amp; Social Media)</li> <li>3. Effectively use Clienting Tools (CRM &amp; Marketing) and Appointment setting, sales &amp; prospecting tools, etc.</li> <li>4. Have effective selling skills and strategies</li> <li>5. Have pitch book as an occasion to present new franchisees</li> <li>6. Participate actively to meet the diverse needs of customers</li> <li>7. Have positive or constructive relationships or services as appropriate to build the franchisee's business</li> <li>8. Address personal sales goals</li> </ul>	

Rate each section 2, 3, 4, or 5			
Q1	Q2	Q3	Q4
		3	

III: Building Relationships with the Community	20% Weight
<ul style="list-style-type: none"> <li>1. Develop and maintain relationships with local business, industry, and community organizations</li> <li>2. Participate in community events, seminars, and other activities</li> <li>3. Promote and sell franchise units, products, and services through networking events, seminars, and other activities</li> <li>4. Establish and maintain relationships with local business, industry, and community organizations</li> <li>5. Address personal sales goals</li> </ul>	

Rate each section 2, 3, 4, or 5			
Q1	Q2	Q3	Q4
		3	



**V: Summary, Commitments, & Next Steps**  
 [Redacted] has maintained a consistent sales performance. She is thoughtful in suggestive selling by asking the appropriate questions to ensure she meets her clients needs. [Redacted] is consistent in performing non-selling tasks. Her opportunities for improvement is to elevate her level of professionalism with her clients & peers maintaining a mature relationship. [Redacted] has taken to the selling culture and has taken the initiative in her development. Management will continue to support her development with critical feedback and direction.

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Associate Signature & Date: [Redacted]

Manager Signature & Date: [Signature] 5/28/11

Overall Rating			
Q1	Q2	Q3	Q4
0	0	3	0

Expectations	August	September	October	November	December	January	February	March	April	May	June	July
Credit Cards												
Quarterly CC												
Thank You's									25025			
Search %									48%			
App's												
Client Efforts												
C-SAT Responses #												
Store Sales									\$224,527			
% to Bonus Plan									0%			
Target Sales									\$224,462			
% to Target									11%			

Associate Name & Date:



Manager Name & Date:

*[Signature]*  
11/28/11

# Brooks Brothers Business Card Order Form

To: Tammy Bennett  
Retail Brand Alliance Inc.  
Purchasing Department  
Email to: [tbennett@retailbrandalliance.com](mailto:tbennett@retailbrandalliance.com) – or Fax to: (860) 253-4463

## PLEASE CHOOSE FROM ONE OF THE APPROVED TITLES

### Retail & Factory Titles

District Sales Manager  
City Manager  
General Manager  
Assistant General Manager  
Store Manager  
Assistant Manager

### Retail Only

Floor Manager  
Assistant Floor Manager  
District Visual Manager  
Master Tailor  
Alterations Manager  
Fitter/Tailor  
Ladies Wardrobe Consultant  
Men's Wardrobe Consultant  
Associate  
Keyholder  
Operations Manager

### Factory Only

Supervisor

## Business Card Order Form

Please place an (X) by the card you are requesting

BB Retail  BB Factory  CC  346

Store Manager Name: *Monica PETER*

Date: *5/14/11*

Store Number # *0164*

Name: *[REDACTED]*

Jobtitle: *Associate*

Store Name: *86<sup>th</sup> & Madison*

Store Address: *1180 Madison Ave NY NY 10028*

Business Telephone number: *212-289-5027*

Business Facsimile number:

E-mail Address:

*\*Please note that business cards will be shipped within two-three weeks from the time requested.*

Maria

Dear Hannah,

Hello! I just wanted to write you a short note expressing how much I appreciate your trying to fulfill my scheduling request. I thought it might help if I verbally express my availability. Please also know that if you can, Tabara will be on an off day should an emergency occur.

Sincerely,

\*PS: Sorry about this year.

§  
See Inside! ♡

Sunday: 11-7 7

Monday: 12-8 7

Tuesday: 12-8 7/0  
or off

Wednesday: 12-8 7/0  
or off

Thursday: 12-8 7/0 (prefer Thursday off)  
or off

Friday: 12-8 7

Saturday: 10-7 8

≈ 36 total hours

Note: I would love to have two days off in a row whenever possible.

Thanks for the  
consideration.

SEE -

CARE A - MANAGER

BROOKS - 8674 MADISON

TEAM 4.5.6 -- LEX-562

212-289-5027



**Objective:** To pursue employment in a mutually respectful, rewarding environment; committed to teamwork and excellence regardless of the industry employed in.

**Education:** University of California at Irvine  
B.A. Dance / Education Minor

**Experience:**  
11/09- 2/11 [Redacted] New York, NY  
*Sales girl and Merchandizing*  
Customer service, sales, placing orders, creating and maintaining displays

11/09- 1/11 [Redacted] Queens, NY  
*Ballet Dancer and Instructor*  
Daily performances in various repertoire including soloist roles in Peter Pan Alice in Wonderland, Ballet Sampler, Premier Ballet, Fat Tuesday Cabaret, and Children's Classics  
Teaching ballet to students, ages 4 to 12

8/09- Present [Redacted] New York, NY  
*Cafe Barista (Work Study)*  
*Memorizing clients' orders, including special requests of famous faculty members in respectful, professional manner, and handling funds as cashier*  
Ensuring all health and safety codes are met

10/08- 2/10 [Redacted] Orange County, CA / Brooklyn, NY  
*Equipment Manager and Instructor*  
Taught children (grades k-5) science in an after school program setting at various public school locations with no supervision from upper management, including organizing and obtaining required materials  
Initiated demonstrations and assemblies to encourage sign ups  
Completed managerial office tasks and organization

6/07- 1/09 [Redacted] Orange County, CA  
*Dance Instructor and Choreographer*  
Taught six dance classes per week (modern/jazz/ballet) to students aged 3up

11/08- 8/09 [Redacted] Los Angeles, CA  
*Contemporary Ballet Dancer*  
Performed to a live audiences  
Discussed and interpreted choreography with colleagues and Choreographers  
Dance development and promotion

5/08- 10/08 [Redacted] Dana Point, CA  
*Front Desk Receptionist*  
Duties included customer service, cashier, client check-in/out, membership sign-ups, general office work, answering phones, filing, and client to owner liaison

**Skills:** Conduct myself with integrity, professionally and personally  
Excellent communication and interpersonal skills  
Profound problem-solving skills and sound ability to function as part of a team  
Great confidence and energy  
Exceptional work ethic  
Proficient in Microsoft Word, PowerPoint, Final Cut, and Excel

# **Union Exhibit 44**



# Brooks Brothers

## New Hire Paperwork Checklist

Manager: Ensure all documents have been filled out completely and routed to the appropriate location.

Document	What to do with document	Completed
Application for Employment	Retain in store file	<input type="checkbox"/>
Reference Checks (2)	Retain in store file	<input type="checkbox"/>
Associate Data Worksheet	Fax to Payroll (860) 253 – 4476 or send electronically to PayrollBrooksBrothers@retailbrandalliance.com	<input type="checkbox"/>
Federal Tax (W-4)	Fax to Payroll (860) 253 - 4476	<input type="checkbox"/>
State Withholding (if applicable)	Fax to Payroll (860) 253 – 4476	<input type="checkbox"/>
I-9 Documentation	Retain in store file	<input type="checkbox"/>
Direct Deposit Authorization (if associate elected)	Fax to Payroll (860) 253 – 4476	<input type="checkbox"/>
Employment Screening Inquiry (for Associates Holding Keys)	Fax to Loss Prevention (718) 609 -4430 Retain one copy in store file	<input type="checkbox"/>
Union Dues Cards (2) (only applicable for stores with union associates)	Send one to the Benefits Department Send one to the Union	<input type="checkbox"/>
HIPPA Confidential Agreement	Make 3 copies and distribute as follows: Fax to Benefits at (860) 741-6285 or (860) 741-3171 Or send electronically to PeopleServices@Retailbrandalliance.com Retain in Store File Give to Associate	<input type="checkbox"/>
HIPPA Privacy Notice	Give to Associate	<input type="checkbox"/>
Associate Handbook	Retain Sign-off form in store file	<input type="checkbox"/>
Business Card Request	Fax to Purchasing at (860) 253-4463 Or email request to purchasingassociates@retailbrandalliance.com	<input type="checkbox"/>

### All Benefits-Eligible Associates

<b>Benefits Enrollment Information</b> <i>Print Benefits Enrollment, Benefits Guide            and Associate Contributions Information</i>	Fax completed documents to Benefits Department. Forms must be received within 31 days of hire ( <b>NO EXCEPTIONS</b> ). Fax 860-741-6285 or 860-741-3171	<input type="checkbox"/>
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Associate Signature  Date 2-24-2011

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Rev: 7/1/10

BROOKS BROTHERS

JOB #606

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	STATUS
001	2/24 16:36	+8602534476	EC--S	02' 06"	011	OK

*Brooks Brothers*

**facsimile transmittal** .....

To: Karen LeDuc

Fax: 860-253-4476

From: Marcela

Date: 2-24-2011

Re: New Hired  
St. #6164

Pages: 10

NOTES: Hello Karen!

We opened a New Brooks Brothers store #6164. AND we have new HIRED; pls.

We need an ID #'s \_\_\_\_\_?

Thanks, Marcela 😊

PLEASE PRINT CLEARLY **BROOKS BROTHERS ASSOCIATE DATA WORKSHEET**

Name: [REDACTED] Store # 6164 SSN # [REDACTED]

PLEASE CHECK ONE:  New Hire  Rehire  Changes  Termination

**RATE OF PAY:**  
 \*(Hourly rate of pay for hourly Associates; Annual rate of pay for salaried Associates)  
 Hourly Associate: \$ 11  
 Salaried Associate: \$ -  
 Job Code  CMSALC  
 Commission Location #   
 Date Started 2/23/11 Birth date [REDACTED]

**STATUS:**  
 Salaried  Long Term Contingent (More than 10 days)  Non Union  
 Hourly - 30+ hrs/wkly - Benefits eligible  Drug tests not required for the following status  Union  
 Hourly - 20-29.9 hrs/wkly - Benefits eligible  Short Term Contingent (Less than 10 days)  Union Only  
 Hourly - <19.9 hrs/wkly - NOT Benefits eligible  Holiday (October - December)  Union #  
 Standard Hrs

Gender M F-(Female) M-(Male)  
 Veteran Status N N-(Non-Vet)/ Y-(Vet)/ V-(Vietnam Era Vet (1962-75)) Disabled Status N Y-(Yes) N-(No)  
 Marital Status S S-(Single) / M-(Married) / D-(Divorced) / W-(Widow)er Disabled Vet N Y-(Yes) N-(No)  
 Ethnic Code 2 1-Caucasian/ 2-African American/ 3-Hispanic/ 4-Asian American/ 5-American Indian/ 6-Other

Education HS Date Attained Degree 6/10/84 Major subject / /  
 Hire Source \_\_\_\_\_  
 Drug Test Verification Y Y-(Yes) N-(No) ALL ASSOCIATES MUST BE DRUG TESTED EXCEPT HOLIDAY AND SHORT TERM CONTINGENTS

Street Address [REDACTED] Apt # [REDACTED]  
 City [REDACTED] State [REDACTED] Zip Code [REDACTED]  
 Home Phone ( ) \_\_\_\_\_ Cell Phone [REDACTED]

**TAX INFORMATION:**  
 Tax Marital Status S Federal S State S SSN# [REDACTED]  
 S-(Single)/ M-(Married)/ H-(Head of Household)  
 # of Exemptions 3 3  
 Extra Withholding (if desired) \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 County of Residence \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**  
 Last Name [REDACTED] First Name [REDACTED]  
 Relationship [REDACTED] Emergency Phone [REDACTED]

**TERMINATION INFORMATION:**  
 Reason Code \_\_\_\_\_ Termination Date / /  
 PTO/Vacation Hours Due \_\_\_\_\_ Last Day Worked / /  
 Severance Hours Due (if any) \_\_\_\_\_ Weekly  Lump Sum  Rehire Eligibility Y-(Yes) N-(No)

Comments: \_\_\_\_\_

Associate Signature: [REDACTED] Date 2/24/2011  
 First Level Signature: [REDACTED] Date / /  
 Second Level Signature: [REDACTED] Date / /

# Form W-4 (2011)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>2</u>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . . ( <b>Note.</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$81,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$81,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children . . . . .	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) For accuracy, complete all worksheets that apply. • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	<b>H</b>	<u>3</u>

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-2159 <b>2011</b>	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Type or print your first name and middle initial.		Last name		2 Your social security number	
3 Home address (number and street or rural route)		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <i>Note.</i> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 <u>3</u>	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____	
7 I claim exemption from withholding for 2011, 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.) ▶				Date ▶ <u>2-24-11</u>	
8 Employer's name and address (Employer: Complete this line only if reporting to the IRS.)				9 Office code (optional) 10 Employer identification number (EIN)	

## HIPAA CONFIDENTIALITY AGREEMENT

I,  have read and understand Retail Brand  
(Print Name)

Alliance, Inc.'s policies regarding the privacy of individually identifiable health information (or Protected Health Information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that this notice serves as my initial training in RBA's policies concerning PHI use, disclosure, storage and destruction as required by HIPAA.

In consideration of my employment or compensation from Retail Brand Alliance, Inc., I hereby agree that I will not at any time, either during my employment or association with RBA, or after my employment or association ends, use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with RBA, as set forth in RBA's privacy policies and procedures or as permitted by HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with RBA, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Retail Brand Alliance, Inc., policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including termination of employment or association with Retail Brand Alliance, Inc., and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will remain in effect even after the termination of my employment or end of my association with Retail Brand Alliance, Inc., regardless of the reason for such termination.

Signature:



Date:

2-24-2011

Associate ID No.: \_\_\_\_\_

***Please make 3 copies and distribute as follows:***

***Associate***

***Store Associate File***

***Benefits Department ( fax this form to the People Services Department at (860)741-6285 or (860)741-3171)***



**APPLICANT DISCLOSURE AND AUTHORIZATION  
(IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION)**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Brooks Brothers (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report.” These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your criminal background history, education and/or employment history conducted by Occuscreen, LLC, 200 Grand Blvd., Suite 200, Vancouver, WA 98661, 888-833-5304, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Occuscreen, LLC, 200 Grand Blvd., Suite 200, Vancouver, WA 98661, 888-833-5304, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

  
Signature

2-24-2011  
Date

\*This information will be used for background screening purposes only and will not be used as hiring criteria.



EMPLOYER: BROOKS BROTHERS

PHONE: 860-741-0774 X 2774

STORE #:

ASSOCIATE/POSITION:

REQUESTED BY: STORE # 6164

In order to process your application, please provide the following information. Include your exact legal name and any other name(s) you may have used in the last seven (7) years.

PRINT CLEARLY IN INK OR TYPE IN ALL INFORMATION. MAKE SURE DISCLOSURE IS SIGNED ABOVE.

FIRST [REDACTED] MIDDLE [REDACTED]  
 LAST [REDACTED]  
 SOCIAL SECURITY #: [REDACTED] BIRTHDATE: [REDACTED]  
 CURRENT STREET ADDRESS [REDACTED] APT [REDACTED]  
 POST OFFICE BOX \_\_\_\_\_  
 CITY [REDACTED] STATE [REDACTED] ZIPCODE [REDACTED]  
 DRIVER LICENSE NUMBER [REDACTED] STATE [REDACTED]

**OTHER NAMES USED IN PREVIOUS 7 YEARS**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

PLEASE PROVIDE CITY, COUNTY, STATE AND ZIPCODE FOR YOUR RESIDENCES IN THE PAST SEVEN (7) YEARS.

BEGIN WITH YOUR MOST RECENT, CURRENT ADDRESS

CITY	COUNTY	ZIP	DATES
1. <u>Washington</u>	<u>District of Columbia</u>	<u>20005</u>	<u>6-09-12-10</u>
2. <u>11</u>	<u>11</u>	<u>20024</u>	<u>12-06-6-09</u>
3. <u>11</u>	<u>11</u>	<u>20005</u>	<u>6-99-12-06</u>
4. _____	_____	_____	_____



## Brooks Brothers

To: Retail Brand Alliance Inc.  
Purchasing Department  
[purchasingassociates@retailbrandalliance.com](mailto:purchasingassociates@retailbrandalliance.com)

From: Store Manager # 6164

Date: 2 - 24 - 2011

Re: Brooks Brothers Business Card Order Form
--

Please print the information below:

Name: [REDACTED]
Jobtitle: <u>Sales Associate</u>
Business Address:
Business Telephone number:
Business Facsimile number:
E-mail Address:

Please email to: [purchasingassociates@retailbrandalliance.com](mailto:purchasingassociates@retailbrandalliance.com)  
or fax requests to: (860) 253-4463

*\*Please note that business cards will be shipped within two-three weeks from the time requested.*

BROOKS BROTHERS

JOB #629

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	STATUS
001	3/01 13:30	+8602534476	EC--S	00' 26"	002	OK

TO: PAYROLL DEPARTMENT  
 RE: DIRECT DEPOSIT

**INSTRUCTIONS:**

1. Complete "Associate Section".
2. Have a bank representative complete the "Bank Section".
3. Attach a voided checking account check to the form.
4. Submit the completed form to the Payroll Department.

**NOTE:**

A TWO WEEK WAITING PERIOD is necessary to set you up on Direct Deposit (EFT). You will receive a hard check during that waiting period. UPON RECEIPT OF YOUR FIRST EFT STUB, PLEASE CONFIRM WITH YOUR BANK THAT THIS DEPOSIT HAS BEEN MADE. *CONFIRMATION OF WEEKLY DEPOSITS SHOULD BE MADE PRIOR TO USE OF THE FUNDS.* A change of banks also requires a two-week waiting period. Upon separation from the company, your final paycheck will be a hard check rather than a direct deposit.

**ASSOCIATE SECTION:**

Associate Name: \_\_\_\_\_  
 Associate ID Number: \_\_\_\_\_  
 Store Number: 6146

Corrections: If my account is credited with an incorrect amount, you are permitted to correct the error with an electronic debit or by paper entry.

Associate Signature: \_\_\_\_\_

**BANK SECTION:**

Bank Name: \_\_\_\_\_  
 Bank Routing Number (9 digits): \_\_\_\_\_  
 Checking/Savings Account Name(s): \_\_\_\_\_  
 Checking Account Number: \_\_\_\_\_  
 OR  
 Savings Account Number: \_\_\_\_\_  
 Bank Contact (Name & Phone Number): \_\_\_\_\_

This is to certify that the above named bank is certified bank eligible to accept Direct Deposit (EFT) of payroll funds for the account number indicated.

Bank Representative Signature & Title: \_\_\_\_\_

Rev. 11/09

*Please fax this form to the Payroll Department at 860-253-4476 as electronic submission is not available at this time.*

TO: PAYROLL DEPARTMENT  
RE: DIRECT DEPOSIT

**INSTRUCTIONS:**

1. Complete "Associate Section".
2. Have a bank representative complete the "Bank Section".
3. Attach a voided checking account check to the form.
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**ASSOCIATE SECTION:**

Associate Name: \_\_\_\_\_  
Associate ID Number: \_\_\_\_\_  
Store Number: 0146

Corrections: If my account is credited with an incorrect amount, you are permitted to correct the error with an electronic debit or by paper entry.

Associate Signature: \_\_\_\_\_

**BANK SECTION:**

Bank Name: \_\_\_\_\_  
Bank Routing Number (9 digits): \_\_\_\_\_  
Checking/Savings Account Name(s): \_\_\_\_\_  
Checking Account Number: \_\_\_\_\_  
OR  
Savings Account Number: \_\_\_\_\_

Bank Contact (Name & Phone Number): \_\_\_\_\_

This is to certify that the above named bank is certified bank eligible to accept Direct Deposit (EFT) of payroll funds for the account number indicated.

Bank Representative Signature & Title: \_\_\_\_\_

Rev. 11/09

*Please fax this form to the Payroll Department at 860-253-4476 as electronic submission is not available at this time.*

2677

88-19/530 MC  
8211

[REDACTED]

VOID -

Date

10028

\$ VOID

Dollars

Bank of America  
Member FDIC  
Equal Housing Lender

[REDACTED]

VOID

Pay to the  
Order of



Bank of America

ACH R/T 053000196

VOID -

For

VOID -

[REDACTED]

GUARDING SAFETY BLUE WEB

© 2000 Bank of America

## PSA Monthly Touchbase

Name: \_\_\_\_\_

Date of Last Touchbase: \_\_\_\_\_

Associate Number: \_\_\_\_\_

Date of Current Touchbase : 5/28/11

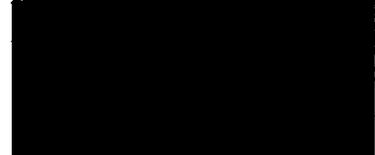


Building Relationship with the Customer	SPA Weight
Customer and associate to regularly contact and communicate with customer. (1-5)	
Associate and customer to regularly contact and communicate with customer. (1-5)	
Associate and customer to regularly contact and communicate with customer. (1-5)	
Associate and customer to regularly contact and communicate with customer. (1-5)	
Associate and customer to regularly contact and communicate with customer. (1-5)	

Rate each section 1-5 or 5			
Q1	Q2	Q3	Q4
		5	

Building Relationship with the Customer	SPA Weight
Customer and associate to regularly contact and communicate with customer. (1-5)	
Associate and customer to regularly contact and communicate with customer. (1-5)	
Associate and customer to regularly contact and communicate with customer. (1-5)	
Associate and customer to regularly contact and communicate with customer. (1-5)	
Associate and customer to regularly contact and communicate with customer. (1-5)	

Rate each section 1-5 or 5			
Q1	Q2	Q3	Q4



**V: Summary, Commitments, & Next Steps**

\_\_\_\_\_ is an outstanding sales performer & has truly owned the brand development process in overseeing the Men's Dept. He consistently maintains connections (via email, thank you notes & telephone) with his clients. He is very mindful of his client's needs and asks the appropriate questions. He consistently demonstrates suggestive selling on all sales. He communicates the merchandise need of the client to management to ensure an accurate assortment in the dept to increase sales. Will is a valuable team member.

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Associate Signature & Date: \_\_\_\_\_ 5/27

Manager Signature & Date: \_\_\_\_\_ 5/27/11

Overall Rating			
Q1	Q2	Q3	Q4
0	0	4	0

	January	February	March	April	May	June	July
Credit Cards							
Quarterly CC				2040			
Thank You				16%			
Search %							
Appis							
Client Entries							
C-SAT Response #							
Store Sales				\$224,527			
% to Bonus Plan				0%			
Target Sales				\$224,452			
% to Target				11%			

Associate Name & Date:

 5/27/11

Manager Name & Date:

 5/27/11

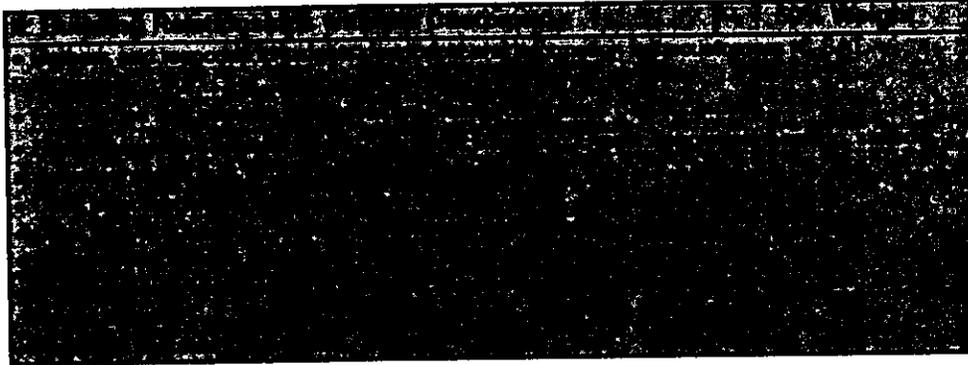
## PSA Monthly Touchbase

Name: \_\_\_\_\_

Date of Last Touchbase: 5/28/11

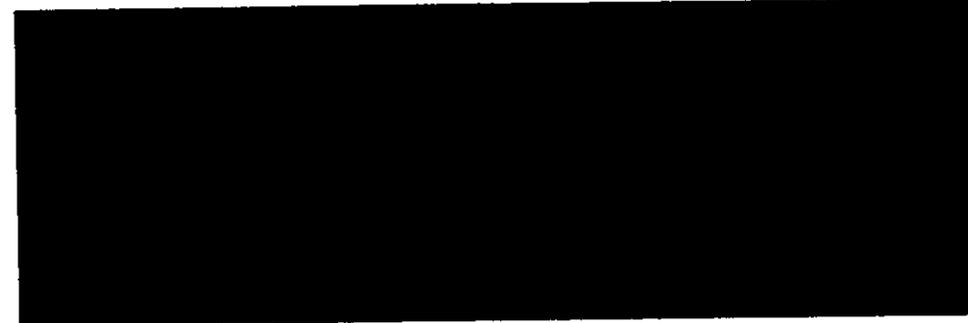
Associate Number: \_\_\_\_\_

Date of Current Touchbase: 6/30/11









**V. Summary, Commitments, & Next Steps:**

\_\_\_\_\_ remains a strong sales performer & continues to own the brand development process in overseeing the Men's Dept. He consistently greets all customers upon their entrance into the dept. He is in tune with his client's needs and asks the appropriate questions. He demonstrates suggestive selling on all sales, however needs to ensure he consistently offers the benefit information of the Brooks card during every selling opportunity. He consistently exhibits professionalism through dress, verbal and written communication. He continues to partner with management to ensure an accurate assortment of merchandise is available within the dept to increase sales. \_\_\_\_\_ is a valuable team member.


Associate Signature & Date: \_\_\_\_\_ 7/1/11

Manager Signature & Date: \_\_\_\_\_ 7/1/11

Overall Rating			
Q1	Q2	Q3	Q4
0	0	0	4



Zimbra

st06164@brooksbrothersstores.com

± Font Size ±

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## Store Compliment

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From [REDACTED]

Thu, Jun 28, 2012 10:23 AM

Subject : Store Compliment

To : 6164 1180 Madison Ave &lt;ST06164@brooksbrothersstores.com&gt;

Hello Upper East Side,

Below is an email I received from a customer complimenting the service at the store.

Excellent work!

Best Regards,

[REDACTED]

Monday June 25, 2012 at 9:39 AM

The following feedback was sent from www.BrooksBrothers.com

Name: [REDACTED]

Email: [REDACTED]

Subject: Other

Browser: MSIE 7

OS: Windows

Comment: To Whom It May Concern:

As a Brooks Brothers customer, I was very happy when you opened your store on the Upper East Side in NYC. That said, I would like to take this opportunity to recognize a sales associate by the name of [REDACTED] who consistently goes SIGNIFICANTLY above and beyond the call of duty to make sure that I am a satisfied customer. He makes the shopping experience an enjoyable one by not always having a smile, but by providing great and honest insight into what fits/does not fit well. I know I can trust him and without a doubt he is one of the primary reasons why I continue to shop at Brooks Brothers. I hope you also take the opportunity to recognize Will for his outstanding commitment to Brooks Brothers.

Fond Regards,

[REDACTED]

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**Congratulations**



**YTD you have sold**

**\$924,558.76**



**Them lots of Apple Sauce**

**Thank you for an amazing contribution  
to the stores total sales!!**

# 4 Exec Comment Report

#	Store	Date of Survey	Liked Most Comment	Liked Least Comment	Additional Feedback Comment	Overall Experience	Quality of Service	Callback Request	Survey Type
4	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	5 - Excellent	Excellent	No	Web
5	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	5 - Excellent	Excellent	Yes	Web
6	6164 1180 Madison Ave	3/4/12	[REDACTED]	[REDACTED]	[REDACTED]	4	4	No	Web
South									
1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	5 - Excellent	5 - Excellent	No	Web
2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	4	5 - Excellent		Phone
3	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	5 - Excellent	5 - Excellent	No	Web
4	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	5 - Excellent	5 - Excellent	No	Web
5	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	5 - Excellent	5 - Excellent	No	Phone
6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	4	4	No	Web
7	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	5 - Excellent	5 - Excellent	No	Phone

Accident Report Form

Claim # 30120107628  
001

All accidents involving a Brooks Brothers Associate or Customer must be reported to our insurance carrier by calling 1-866-350-7465. This number is available 24 hours a day, seven days a week.

Policy Holder: Retail Brand Alliance, Inc  
100 Phoenix Avenue  
P.O. Box 1700  
Enfield, CT 06083-1700

Account #: 42984

Store/Location #: 6164  
This is your individual Store # and will be five digits in length.  
(For example: Store 6001 would be 06001).

Phone: (860) 741-4785 Brooks Brothers Safety Department

Please follow these steps when completing this report:

1. Completely fill out all sections of this form.
2. Immediately report the claim to our insurance company by calling 1-866-350-7465.
3. If the accident involves an associate that requires medical treatment, you must refer them to the designated medical provider(s) for your store location. This information is posted in your store and you can also access this information when you call the number above to report the claim.
4. Once you have reported the accident to our insurance company, please fax a completed copy to the RBA Support Center at 860-741-3171.

Type of Accident: (Please check one) Customer  Associate  Other

Time of Accident: 12:35 am  pm  Date of Accident: 01/08/2012

Person's Name: [Redacted] Home Phone: [Redacted]

Address: [Redacted] Business Phone: (212) 289-5027

Age (Approx): [Redacted]

City: [Redacted] State: [Redacted]

Name(s) of any witness (es): [Redacted] Phone #: [Redacted]

For accidents involving an RBA Associate, please complete following:

Job Title: SALES ASSOCIATE Circle: Employment Status: FT / PT / PT Plus / Contingent

Did the accident result in any: Loss Time: Yes / No NO Light Duty Work Restrictions: Yes / No NO

Description of Accident

Please explain in detail what happened. Be sure to include who, what, where, how, and why. For customer injuries, be sure to attach any witness statements to this report. Also, please indicate if the incident required notification of EMS or Mail Security.

[Redacted] (victim) [Redacted] was walking down the stairs to the stockroom with 3 coats in hand on his way to clock out for lunch when he slipped on the second step and slid on his back down to the landing his elbow was scraped and bleeding.

[Redacted] (witness) [Redacted] was coming down the stairs a few steps ahead of [Redacted] and did first hear the thud and then see him coming down the stairs on his back finally to the landing where he layed bruised.

(Outcome) [Redacted] said he was fine and there is no need to call EMS or leave early. His elbo is scratched up, bleeding, a bit tender and aching he has 2 small band-aid's on the area.

If there was a witness to the accident please get the person's name, phone number, and a brief statement from them and attach it to this form for each witness. (This is especially important for accidents involving customers.) Please see page two of this form for additional information pertaining to customer accidents.

If the accident involved an associate, you will need to have the associate's file handy when you call the claim into our insurance carrier as they will need additional information such as date of hire, pay rate, etc.

Person reporting claim: Kenard Gabriel (ASM) Date: 01/08/2012

**Fax the completed Accident Report to the Brooks Brothers Support Center at 860-741-3171 or, you may send it via Inter Office Mail to the Brooks Brother People Services Department in Enfield CT – Attention Safety.**

## WHAT TO DO WHEN A CUSTOMER HAS AN ACCIDENT

### 1. TAKE CARE OF THE INJURED CUSTOMER.

Be courteous and helpful.

Let the customer decide whether he/she wants to see a doctor, go to hospital, or go home.

Ask the customer how the accident occurred.

### 2. SECURE THE NAMES OF WITNESSES

Obtain the name, address, and phone number of all customers who witnessed the accident.

List names of all Associates working at the time of the accident.

**DON'T** – Offer to pay medical expenses.

**DON'T** – Mention insurance.

**DON'T** – Apologize for the accident.

**DON'T** – Argue the cause of the accident.

**DON'T** – Discuss the accident with strangers.

**DO** – Offer to call 911.

**DO** – Ask the customer if he/she is OK.

**DO** – Complete the Accident Report ASAP.

### 3. INSPECT THE ACCIDENT SCENE AND TAKE DETAILED NOTES.

### 4. REQUEST THAT ANOTHER ASSOCIATE ALSO INSPECT THE ACCIDENT SCENE.

### 5. TAKE PICTURES OF THE UNALTERED SCENE AS SOON AS THE CUSTOMER HAS LEFT.

### 6. COMPLETELY FILL OUT THE ACCIDENT REPORT AND CALL IN THE ACCIDENT.

Include as much detail as possible.

Attach extra sheet(s) of paper if needed.



Remember, it is important to call all

customer accidents in to our insurance  
company ASAP!

*Brooks Brothers*

**To: All Medical Providers**

Brooks Brothers utilizes Sedgwick CMS as our Third Party Administrator to pay and process all claims for work related injuries and illnesses. Please forward all bills for workers compensation to Sedgwick CMS at the address listed below:

For the states of California, Florida, New Jersey, and Texas, please direct the bills to:

**Sedgwick CMS MedBill  
P.O. Box 14214  
Lexington, KY 40512**

**Fax 859-258-2097**

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For all other states, please send the bills to:

**Sedgwick CMS MedBill  
P.O. Box 14205  
Lexington, KY 40512**

**Fax 859-258-2193**

Please note that Sedgwick does not handle workers compensation claims in ND, OH, WA, and WV.

**Medical Providers with questions regarding bills for workers compensation may contact a Sedgwick CMS representative by calling 1-866-350-7465.**

Accident Report Form

301202371340001

All accidents involving a Brooks Brothers Associate or Customer must be reported to our insurance carrier by calling 1-866-350-7465. This number is available 24 hours a day, seven days a week.

Policy Holder: Retail Brand Alliance, Inc
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Please follow these steps when completing this report:

- 1. Completely fill out all sections of this form.
2. Immediately report the claim to our insurance company by calling 1-866-350-7465.
3. If the accident involves an associate that requires medical treatment, you must refer them to the designated medical provider(s) for your store location. This information is posted in your store and you can also access this information when you call the number above to report the claim.
4. Once you have reported the accident to our insurance company, please fax a completed copy to the RBA Support Center at 860-741-3171.

Type of Accident: (Please check one) Customer [ ] Associate [X] Other [ ]

Time of Accident: 4:50 am [ ] pm [X] Date of Accident: 02/27/2012

Person's Name: [Redacted] Home Phone: [Redacted]

Address: [Redacted] Business Phone: (212) 289-5027

Age (Approx): [Redacted]

City: NEW YORK State: NY Zip: 10028

Name(s) of any witness (es): [Redacted] Phone #: [Redacted]

For accidents involving an RBA Associate, please complete following:

Job Title: SALES ASSOCIATE Circle: Employment Status: FT / PT / PT Plus / Contingent

Did the accident result in any: Loss Time: Yes / No NO Light Duty Work Restrictions: Yes / No NO

Description of Accident

Please explain in detail what happened. Be sure to include who, what, where, how, and why. For customer injuries, be sure to attach any witness statements to this report. Also, please indicate if the incident required notification of EMS or Mall Security.

(victim)- [Redacted] was walking down the ramp from the men's department and twisted his ankle

(witness)- [Redacted] was standing ontop of the ramp in the men's department and seen him twist the ankle when walking down the ramp.

(Outcome) [Redacted] said he was fine and there is no need to call EMS, there is no swelling or bruising just a little tender he requested to go home and put it up.

If there was a witness to the accident please get the person's name, phone number, and a brief statement from them and attach it to this form for each witness. (This is especially important for accidents involving customers.) Please see page two of this form for additional information pertaining to customer accidents.

If the accident involved an associate, you will need to have the associate's file handy when you call the claim into our insurance carrier as they will need additional information such as date of hire, pay rate, etc.

Person reporting claim: Kenard Gabriel (ASM)

Date: 02/27/2012

**Fax the completed Accident Report to the Brooks Brothers Support Center at 860-741-3171 or, you may send it via Inter Office Mail to the Brooks Brother People Services Department in Enfield CT – Attention Safety.**

## **WHAT TO DO WHEN A CUSTOMER HAS AN ACCIDENT**

### **1. TAKE CARE OF THE INJURED CUSTOMER.**

Be courteous and helpful.

Let the customer decide whether he/she wants to see a doctor, go to hospital, or go home.

Ask the customer how the accident occurred.

### **2. SECURE THE NAMES OF WITNESSES**

Obtain the name, address, and phone number of all customers who witnessed the accident.

List names of all Associates working at the time of the accident.

**DON'T** – Offer to pay medical expenses.

**DON'T** – Mention insurance.

**DON'T** – Apologize for the accident.

**DON'T** – Argue the cause of the accident.

**DON'T** – Discuss the accident with strangers.

**DO** – Offer to call 911.

**DO** – Ask the customer if he/she is OK.

**DO** – Complete the Accident Report ASAP.

### **3. INSPECT THE ACCIDENT SCENE AND TAKE DETAILED NOTES.**

### **4. REQUEST THAT ANOTHER ASSOCIATE ALSO INSPECT THE ACCIDENT SCENE.**

### **5. TAKE PICTURES OF THE UNALTERED SCENE AS SOON AS THE CUSTOMER HAS LEFT.**

### **6. COMPLETELY FILL OUT THE ACCIDENT REPORT AND CALL IN THE ACCIDENT.**

Include as much detail as possible.

Attach extra sheet(s) of paper if needed.



Remember, it is important to call all customer accidents in to our insurance company ASAP!

# *Brooks Brothers*

## **To: All Medical Providers**

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Lexington, KY 40512**

**Fax 859-258-2097**

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For all other states, please send the bills to:

**Sedgwick CMS MedBill  
P.O. Box 14205  
Lexington, KY 40512**

**Fax 859-258-2193**

Please note that Sedgwick does not handle workers compensation claims in ND, OH, WA, and WV.

**Medical Providers with questions regarding bills for workers compensation may contact a Sedgwick CMS representative by calling 1-866-350-7465.**



**LexisNexis Screening Solutions, Inc.**

480 Quadrangle Drive Suite D

Bolingbrook, IL 60440

Phone: 800-939-4782

Fax: 630-679-5635

**Controlled Substance Test Report**

Attn: [Redacted]  
[Redacted]  
[Redacted]

Client Name: Brooks Bros. - 6001

Account Number: 180374-00100

Phone:

Employee ID 1:

Donor Name: [Redacted]

Employee ID 2:

Donor ID: [Redacted]

Emp Category:

Test Result: Negative  
Result Description: Negative  
Substances Found:  
MRO Verified Comment:

Specimen ID: [Redacted]

Test Reason: [Redacted]

Collection Date: [Redacted]

Test Type: [Redacted]

Testing Panel: [Redacted]

Lab Account #: [Redacted]

CCF Received:

Lab Name: [Redacted]

Verified Date: [Redacted]

Test Account #: [Redacted]

Reported Date: [Redacted]

Client Name: [Redacted]

Collection Site: [Redacted]

Cost Center:

Location: [Redacted]

Comments:

Certified Medical Review Officer:  
[Redacted]  
[Redacted]

MRO Phone:  
[Redacted]

(Signature on File)



## **Profile**

Talented Graphic Designer with 8 years of solid design experience, a passion for graphic and interior design, a solid fashion sense and the ability to create fresh and strategic solutions to challenges. Accustomed to performing in a fast-paced environment. Excellent customer service skills. Accomplished communicator with persuasion and tact. A committed strategic team player.

## **Professional Experience**

**September 2002 — December 2010**  
Washington, DC

- Produce creative materials for marketing and advertising including sales collateral, logos, brochures, posters and publication street boxes
- Create ad campaigns for advertisers featured in the Sunday magazine and special advertising supplements
- Direct photo shoots and provide artistic direction for The Washington Post At Home, a high-end shelter magazine
- Responsible for production art tasks such as color correction, image manipulation and image optimization for print
- Work closely with photographers, printers and other outside vendors to ensure end product is of highest quality and cost effective
- Multitask and delegate responsibilities to ensure production deadlines are met and the quality of work is not compromised
- Liaise with the editorial & legal departments to ensure reader distinction between editorial and advertorial content
- Collaborate with Directors of various departments throughout The Washington Post to support their marketing initiatives
- Responsible for training junior artists on company guidelines and procedures and give design direction when needed

**November 2004 — May 2006**  
Washington, DC

- Responsible for enhancing the customer experience by engaging and connecting with customers
- Maintained personal customer profile catalogue
- Utilized product knowledge to educate and inform customers and drive sales
- Located merchandise for customers in-store, over the phone and via Merchandise Locators
- Maintained the sales floor, stock room, fitting rooms and cash-wrap areas

**May 2000 — September 2002**  
Washington, DC

- Provided quality control for digital ad materials, including responding to queries related to mechanical and digital advertising specifications for advertisers, agencies, and vendors
- Created layouts and impositions for publications based on editorial, business and production requirements
- Coordinated production schedules with prepress and printing vendors
- Provided support for advertisers, management and sales team
- Responded to customer concerns regarding production quality

## **Job Related Training**

Creative Use of Typography - The Corcoran College of Art & Design  
Advanced Photoshop Functions - Thomas J. Piwowar & Associates

## **Software**

Macintosh OS 9/10, Adobe Indesign, Photoshop, Illustrator, Acrobat 7.0, QuarkXpress, Microsoft Word, Lotus Notes and PowerPoint

## **Awards**

2003 Washington Post Publisher's Award for Outstanding Client Service  
2009 Washington Post Publisher's Award for Outstanding Client Service

References attached.

[REDACTED]

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**References**

[REDACTED]  
[REDACTED]  
[REDACTED]  
Work: [REDACTED]  
Cell: [REDACTED]  
Email: [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
Work: [REDACTED]  
Cell: [REDACTED]  
Email: [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
Work: [REDACTED]  
Cell: [REDACTED]  
Email: [REDACTED]



EMPLOYEE NO  
**143867**

TIME CARD

WEEK ENDING

**2-26-11**

[REDACTED] P/CD

SCHEDULE

EMPLOYED

STATUS

REASON FOR LEAVE    DEFERRED    SICK    ACTION    HOLIDAY    OTHER

*TRAINING FOR  
NEWSTORE*

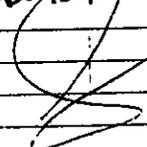
SUN    MON    TUE    WED    THUR    FRI    SAT

*9:00 AM*

*12:00 PM*

*1:00 PM*

*6:45 PM*



*8.75*

Weekly Totals

BROOKS BROTHERS

**EMPLOYMENT APPLICATION**

# RETAIL BRAND ALLIANCE

ADRIENNE VITTADINI BROOKS BROTHERS CAROLEE

100 Phoenix Avenue, P.O. Box 1700  
Enfield, CT 06083-1700

**PERSONAL INFORMATION**

Date of Application <b>1-26-2011</b>	Position Applying For <b>Sales Associate</b>	Other positions for which you are qualified: <b>Visual / Creative</b>		
Last Name <b>Joyner, III</b>	First Name <b>Willie</b>	Middle Name <b>—</b>		
Present Street Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	How long have you live there? Yr. <b>1</b> Mo. <b>1</b>
Prior Street Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	How long did you live there? Yr. <b>2</b> Mo. <b>6</b>
Daytime Phone [REDACTED]	Evening Phone <b>1</b>	Social Security Number [REDACTED]	Do you have a reliable means of transportation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
E-mail Address [REDACTED]	When can you start? <b>2/4/2011</b>	Schedule desired: <input checked="" type="checkbox"/> Full Time Days <input checked="" type="checkbox"/> Full Time Evenings	<input checked="" type="checkbox"/> Part Time Days <input checked="" type="checkbox"/> Part Time Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Seasonal	Company/Division Applying To: <input type="checkbox"/> Adrienne Vitadini <input type="checkbox"/> Carolee <input checked="" type="checkbox"/> Brooks Brothers

**MISCELLANEOUS INFORMATION**

List all friends and relatives currently working for us and their location. <b>none</b>	Will you now or in the future require sponsorship for a visa? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please give details. A prior conviction will not automatically disqualify you from employment. <small>In the state of California only, if you were convicted of unlawful possession and/or transport of marijuana per subdivision (a) or (b) of Section 17361.5 of California's Health and Safety Code, more than two years before the date of completion of this application, you may answer no to this question.</small>
How were you referred to us? <b>Walk in</b>	Have you undergone a name change that would hinder our ability to check your previous work history. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please explain.	
Have you ever worked for: <input type="checkbox"/> Adrienne Vitadini <input type="checkbox"/> Career Image <input type="checkbox"/> Casual Corner Outlet/Annex <input type="checkbox"/> Petite Sophisticate Outlet/Annex <input type="checkbox"/> August Max <input type="checkbox"/> Career Image Company Store <input type="checkbox"/> Casual Corner Women Outlet/Annex <input type="checkbox"/> Sunglass Hut <input type="checkbox"/> August Max Women <input type="checkbox"/> Carolee Designs <input type="checkbox"/> Lancrafters <input type="checkbox"/> Ups & Downs <input type="checkbox"/> Brooks Brothers <input type="checkbox"/> Casul Corner <input type="checkbox"/> Pappagallo <input type="checkbox"/> U.S. Shoe <input type="checkbox"/> Capezio <input type="checkbox"/> Casul Corner <input type="checkbox"/> Petite Sophisticate <input type="checkbox"/> Watch World/Watch Station <input checked="" type="checkbox"/> None If yes, please explain:		

**WORK HISTORY**

LIST YOUR PREVIOUS EXPERIENCE BEGINNING WITH YOUR MOST RECENT POSITION (Including Military Service, if applicable)				
Start Date	Employer Name	Starting Position	Starting Salary	Major Duties
<b>9 / 1 / 2000</b>	<b>The Washington Post</b>	<b>Production Coordinator</b>	<b>\$ 34,500.00 Annually</b>	<b>Magazine Layout Design,</b>
<b>12 / 17 / 2010</b>	<b>1150 KTH ST NW WASHINGTON DC 20071</b>	<b>Graphic Artist</b>	<b>\$ 61,925.00 Annually</b>	<b>Design marketing collaterals</b>
List Three Management References:	1) Name/Title Phone [REDACTED]	2) Name/Title Phone [REDACTED]	3) Name/Title Phone [REDACTED]	Reason for leaving <b>Relocated to NY, NY</b>
<b>11 / 6 / 2004</b>	<b>Banana Republic</b>	<b>Part-time Sales Assoc</b>	<b>\$ 8.25 hr</b>	<b>Cashier, Sales, Visuals</b>
<b>5 / 10 / 2006</b>	<b>601 13TH ST NW WASHINGTON DC 20045</b>	<b>Part-time Sales Assoc.</b>	<b>\$ 9.25 hr</b>	<b>Stock</b>
List Three Management References:	1) Name/Title Phone [REDACTED]	2) Name/Title Phone [REDACTED]	3) Name/Title Phone [REDACTED]	Reason for leaving <b>Moved from location</b>
Start Date <b>/ /</b>	Employer Name	Starting Position	Starting Salary <b>\$</b>	Major Duties
Date Left <b>/ /</b>	Address	Final Position	Current Salary <b>\$</b>	
List Three Management References:	1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone	Reason for leaving

### WORK HISTORY

Start Date / /	Employer Name	Starting Position	Starting Salary \$	Major Duties
Date Left / /	Address	Final Position	Current Salary \$	
List Three Management References:	1) Name/Title    Phone	2) Name/Title    Phone	3) Name/Title    Phone	Reason for leaving

In the past seven years have you been asked to leave the employ of any employer listed or not listed on this application? Yes  No

### EDUCATION AND TRAINING

Type of School	Name and Address of School	Highest Grade Comp	Course of Study	Did you Graduate?	List Diploma or Degree
High School	Greene Central High 301 Hwy 58, Snow Hill NC 28580	9 10 11 (12)	General Studies	(Yes) No	General Diploma
College		13 14 15 16		Yes No	
Other (Specify)		17 18 19 20		Yes No	
Business or Trade		1 2 3 4		Yes No	

### SPECIAL SKILLS

<input checked="" type="checkbox"/> Typing ( <u>55</u> WPM) <input type="checkbox"/> Word Processing Equipment/Programs	<input checked="" type="checkbox"/> Computers (List Programs you know) <u>MAC, Adobe Creative Suite, Power point</u> <input type="checkbox"/> Other Skills
--	---

### AVAILABILITY - (Hours Available For Work)

Days of the Week	From Time:	To Time:	Comments
Monday	open	close	
Tuesday	open	close	
Wednesday	open	close	
Thursday	None	_____	
Friday	open	close	
Saturday	open	close	
Sunday	NOON	close	

I am aware that frequent absences in violation of the Attendance Policy can create a hardship for coworkers and the Company. I am also aware that compliance with the Attendance Policy is an essential function of the job I am seeking. If hired, I can comply with the policy with or without reasonable accommodation. Yes  No

### DRUG FREE WORK PLACE

Retail Brand Alliance is a Drug-Free Company. As required by our Drug-Free Work Place Policy, all prospective Associates are required to take a drug test prior to being hired with the Company. A summary of this policy is described below.

***If you currently use illegal drugs or abuse legal drugs, you will not be hired.***

#### SCOPE OF POLICY

This policy applies to all Applicants and Associates of Retail Brand Alliance.

#### POLICY VIOLATIONS

The Company feels strongly that drug use in the work place can undermine individual job performance, the security of other Associates and the Company's business. As a result, the following activities are prohibited while on Company premises or while on Company business:

- Using or having detectable levels of illegal drugs in your system or abuse of any drug, controlled substance or chemical.
- Using prescription drugs for any purpose other than as prescribed or by anyone other than the person to whom prescribed.
- The purchase, sale, transfer, possession, manufacture, or distribution of illegal drugs, controlled substances or chemicals.

Engaging in any of these activities will result in disciplinary action, up to and including termination.

#### DRUG TESTING

The Company reserves the right to test applicants and in certain situations test Associates for evidence of substance abuse. Test will screen for abuse of compounds including, but not limited to the following:

- Amphetamines
- Barbiturates
- Propoxyphene
- Cocaine
- Codeine
- Methadone
- Methaqualone
- Morphine
- Benzodiazepines
- Marijuana
- Phencyclidine (PCP)

- Offers of employment will only be made upon successfully passing a Urinalysis Test \*(See exceptions listed in the acknowledgement and consent section of this form).
- No applicant may be considered for regular employment who has not signed the Drug Screening Consent and Release Form.

**EMPLOYMENT DOCUMENTS**

If the Company offers you a position, you will be asked to sign several documents relative to your employment. We have reproduced some of those documents here, along with a brief description for your information only. Should the Company offer you a position and you refuse to sign these documents, the offer of employment will be withdrawn.

**PLEASE READ EACH STATEMENT CAREFULLY**

As you probably know, we generally check references offered by employment applicants, and may go to suitable sources for additional information. Our objective is to obtain information on ability, previous job performance, character and reputation, for the sole purpose of considering you for employment. The state of Maryland, public law 91-508 requires us to tell you this. On your written request, additional information on the nature and scope of inquiries, if any are made, will be provided.

I certify that the information that I have provided on my application, resume, given verbally, or provided on any other material, is true to the best of my knowledge and understand that falsification and/or omission of this information may result in dismissal in accordance with Company Policy. The Company in considering my application for employment may verify the information set forth on this application with exception to any disclosure of disability and/or medical information as prohibited by the ADA. I agree that, before and, in the event that I am hired, at any time during my employment, the Company, in its discretion, may investigate my employment history, education, financial integrity, credit worthiness, and any other aspect of my background and confirm that I have no prior criminal record. For this purpose, I specifically hereby authorize the Company to obtain such credit reports, background checks and other information as may be useful.

In accepting employment, I acknowledge that the policies, benefits, and other programs listed in the benefits booklet and policy manuals do not infer or imply a contract of employment between the Company and myself. I realize that the aforementioned benefits, policies and programs are provided at company discretion and may be changed or eliminated at any time. In consideration of employment, I agree to conform to the rules and regulations of the Company. I also realize that employment is considered to be "at will", during which time my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Company or myself. Furthermore, I understand that Retail Brand Alliance does not enter into contracts of employment with its Associates except in writing signed by an Officer of the Company. I also affirm that I have not signed any kind of restrictive document, creating any obligation to any former employer that would restrict my acceptance of employment with Retail Brand Alliance.

**MARYLAND LIE DETECTOR LAW**

Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

**MASSACHUSETTS LIE DETECTOR LAW**

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer that violates this law shall be subject to criminal penalties and civil liability."

**ACKNOWLEDGMENT AND CONSENT**

**ACKNOWLEDGEMENT**

I hereby acknowledge that I have read and understand all statements made on this application.

**PRE-EMPLOYMENT AND POST-EMPLOYMENT DRUG SCREENING CONSENT.**

I hereby give my voluntary consent for a urine sample to be collected from me and submitted for a drug or controlled substance abuse screening test. I understand that any positive result from such test will preclude my being offered employment (if an applicant) or terminate my continued employment (if current Associate). Further, I understand my failure to execute this voluntary consent will result in my not being further considered for employment (if an applicant).

I hereby consent, if I am an applicant, to the release of the test results to those Company officials who make employment decisions for the Company. Further, if a current Associate, I give my consent for the release of test results to the appropriate Company officials for the determination of continued employment.

**STATE EXCEPTIONS TO THE POLICY INCLUDE:**

If you reside in Maine, Minnesota, Oklahoma, Rhode Island and Vermont, please read the following.

I understand that I will be given an offer of employment prior to submitting to the required pre-employment substance abuse screening test. I further understand that I cannot and will not be hired until I have SUCCESSFULLY completed a pre-employment substance test. I understand I will be given advance written notice of this requirement. I understand that the substances that I will be tested for include but are not limited to those indicated on the top of this page.

NAME (Please print) Willie Joyner, III

Date 1/26/11

SIN# 2137  
FORM# 6709  
REV 9/06

Signature: 

**OUR EMPLOYMENT POLICY**

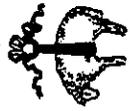
EQUAL OPPORTUNITY FOR ALL WITHOUT REGARD TO ANY  
PROTECTED CLASS STATUS AS DEFINED BY FEDERAL, STATE OR LOCAL LAW

**NO SMOKING POLICY**

THE FACILITIES OF RETAIL BRAND ALLIANCE INC.  
PROHIBITS SMOKING ON THE PREMISES

**R**ETAIL **B**RAND **A**LLIANCE

100 Phoenix Avenue, P.O. Box 1700  
Enfield, CT 06083-1700



# BROOKS BROTHERS

St. # 6164 # [REDACTED]  
 Hired 02/23/2011 [REDACTED]  
 Birthday: [REDACTED]  
 CURRENT YEAR 2011

## ATTENDANCE RECORD

CURRENT YEAR: / /

ASSOCIATE #: STORE/LOCATION: DATE OF HIRE: / / DATE OF BIRTH: / /

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY																															
FEBRUARY																															
MARCH																1/2															
APRIL																															
MAY																															
JUNE												1/3																			
JULY																															
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															

S—Sick/Absent      H—Holiday      D—Disability      A—Leave of Absence  
 L—Late              V—Vacation      W—Worker's Comp  
 P—Personal        B—Bereavement      J—Jury Duty

**Marcela Caceres**

**From:** Karen LeDuc  
**Sent:** Friday, February 25, 2011 2:07 PM  
**To:** Marcela Caceres  
**Cc:** Robyn Martin; Mike Kelly  
**Subject:** RE: 6164

Associate numbers:

Serena Simpson 063818  
San Timler 143859  
Liz Joyner 143867  
Shua Garcia 143875

**Karen LeDuc**  
Retail Brand Alliance Payroll  
kleduc@retailbrandalliance.com  
Direct Phone: 860-253-4674  
Fax: 860-253-4476



**From:** Marcela Caceres  
**Sent:** Friday, February 25, 2011 10:01 AM  
**To:** Karen LeDuc  
Robyn Martin; Mike Kelly  
**Subject:** RE:  
**Importance:** High

KAREN,  
ONLY I KNOW THEIR STILL IN NEGOTIATION COMPANY VS. UNION. NEXT WEEK NO MORE LATE THURSDAY,  
WE HAVE THE ANSWER.

**From:** Karen LeDuc  
**Sent:** Friday, February 25, 2011 9:53 AM  
**To:** Marcela Caceres  
**Subject:**

**Marcela, is the new store 6164 a union 340 store?**

**Karen LeDuc**  
Retail Brand Alliance Payroll  
kleduc@retailbrandalliance.com  
Direct Phone: 860-253-4674  
Fax: 860-253-4476

2/25/2011

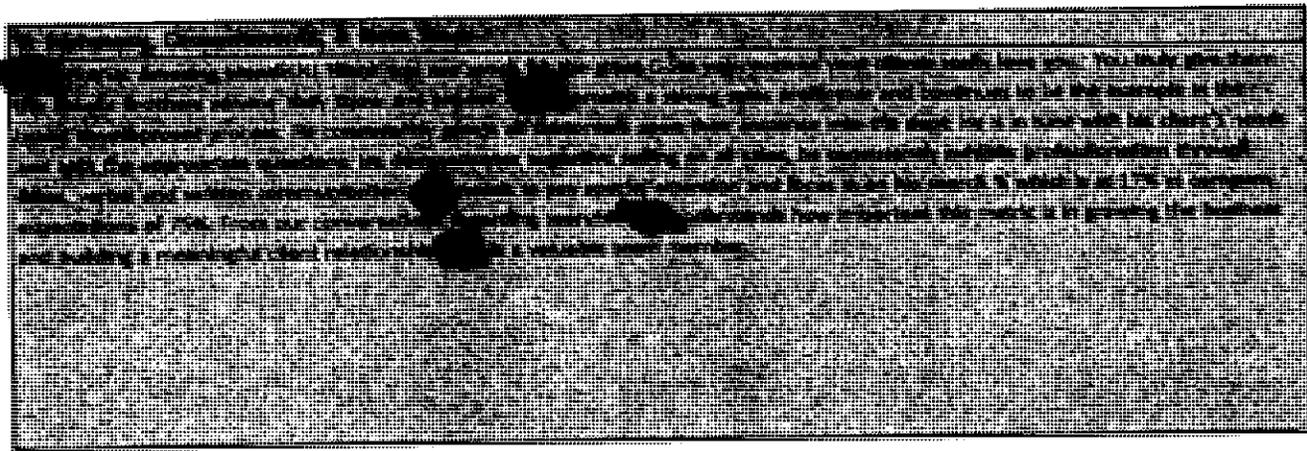
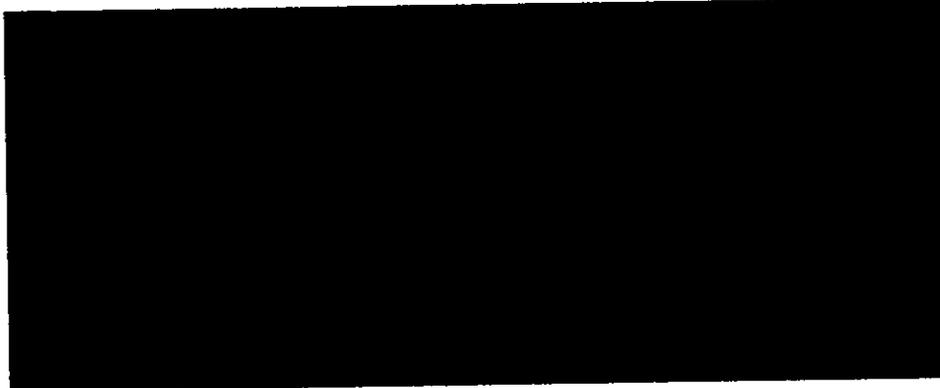
# PSA Monthly Touchbase

Name: \_\_\_\_\_

Date of Last Touchbase: 5/1/12

Associate Number: \_\_\_\_\_

Date of Current Touchbase : 6/1/12



Associate Signature & Date: \_\_\_\_\_

Manager Signature & Date: \_\_\_\_\_



# PSA Monthly Touchbase

Name: \_\_\_\_\_

Date of Last Touchbase: 7/1/12

Associate Number: \_\_\_\_\_

Date of Current Touchbase : 8/10/12

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Associate Signature & Date: \_\_\_\_\_

Manager Signature & Date: \_\_\_\_\_

Date of Birth			
12	11	10	09
08	07	06	05

# **Union Exhibit 45**



# Brooks Brothers

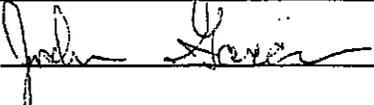
## New Hire Paperwork Checklist

Manager: Ensure all documents have been filled out completely and routed to the appropriate location.

Document	What to do with document	Completed
Application for Employment	Retain in store file	<input type="checkbox"/>
Reference Checks (2)	Retain in store file	<input type="checkbox"/>
Associate Data Worksheet	Fax to Payroll (860) 253 – 4476 or send electronically to PayrollBrooksBrothers@retailbrandalliance.com	<input type="checkbox"/>
Federal Tax (W-4)	Fax to Payroll (860) 253 - 4476	<input type="checkbox"/>
State Withholding (if applicable)	Fax to Payroll (860) 253 – 4476	<input type="checkbox"/>
I-9 Documentation	Retain in store file	<input type="checkbox"/>
Direct Deposit Authorization (if associate elected)	Fax to Payroll (860) 253 – 4476	<input type="checkbox"/>
Employment Screening Inquiry (for Associates Holding Keys)	Fax to Loss Prevention (718) 609 -4430 Retain one copy in store file	<input type="checkbox"/>
Union Dues Cards (2) (only applicable for stores with union associates)	Send one to the Benefits Department Send one to the Union	<input type="checkbox"/>
HIPPA Confidential Agreement	Make 3 copies and distribute as follows: Fax to Benefits at (860) 741-6285 or (860) 741-3171 Or send electronically to PeopleServices@Retailbrandalliance.com Retain in Store File Give to Associate	<input type="checkbox"/>
HIPPA Privacy Notice	Give to Associate	<input type="checkbox"/>
Associate Handbook	Retain Sign-off form in store file	<input type="checkbox"/>
Business Card Request	Fax to Purchasing at (860) 253-4463 Or email request to purchasingassociates@retailbrandalliance.com	<input type="checkbox"/>

### All Benefits-Eligible Associates

Benefits Enrollment Information <i>Print Benefits Enrollment, Benefits Guide and Associate Contributions Information</i>	Fax completed documents to Benefits Department. Forms must be received within 31 days of hire ( <b>NO EXCEPTIONS</b> ). Fax 860-741-6285 or 860-741-3171	<input type="checkbox"/>
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Associate Signature  Date 2/24/11

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Rev: 7/1/10

BROOKS BROTHERS

JOB #606

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	STATUS
001	2/24 16:36	+8602534476	EC--S	02' 06"	011	OK

*Brooks Brothers*

facsimile transmittal .....

To: *Karen LeDuc* Fax: *860-253-4476*  
 From: *Marcela* Date: *2-24-2011*  
 Re: *New Hired* Page: *10*  
*St. #6164*

NOTES: *Hello Karen!*

*We opened a "New Brooks Brothers Store" #6164. AND we have new HIRED; pls.*  
*We need an ID #'s \_\_\_\_\_?*

*Thanks, Marcela ☺*

346 Madison Avenue • New York, NY 10017 • Phone 212-682-8800 • Fax 212-309-

CURRENT, RELEVANT, CLASSIC .....

PLEASE PRINT CLEARLY

# BROOKS BROTHERS ASSOCIATE DATA WORKSHEET

Name: [REDACTED] Store # 12164 SSN # [REDACTED]

PLEASE CHECK ONE:  New Hire  Rehire  Changes  Termination

### RATE OF PAY:

\*(Hourly rate of pay for hourly Associates; Annual rate of pay for salaried Associates)

Job Code  FTSTOC

Hourly Associate: \$ 13

Salaried Associate: \$     

Commission Location #     

Date Started 2 23 11

Birth date [REDACTED]

### STATUS:

- Salaried
- Hourly - 30+ hrs/wkly - Benefits eligible
- Hourly - 20-29.9 hrs/wkly - Benefits eligible
- Hourly - <19.9 hrs/wkly - NOT Benefits eligible

- Long Term Contingent (More than 10 days)
  - Short Term Contingent (Less than 10 days)
  - Holiday (October - December)
- Drug tests not required for the following status

- Non Union
- Union

Union Only

Union #  Standard Hrs 40.00

Gender M F-(Female) M-(Male)  
 Veteran Status N N-(Non-Vet)/ Y-(Vet)/ V-(Vietnam Era Vet (1962-75)) Disabled Status N Y-(Yes) N-(No)  
 Marital Status S S-(Single) / M-(Married) / D-(Divorced) / W-(Widow)er Disabled Vet N Y-(Yes) N-(No)  
 Ethnic Code 3 1-Caucasian/ 2-African American/ 3-Hispanic/ 4-Asian American/ 5-American Indian/ 6-Other

Education 12 Date Attained Degree      /      /      Major subject      /      /       
 Hire Source IR  
 Drug Test Verification Y Y-(Yes) N-(No) ALL ASSOCIATES MUST BE DRUG TESTED EXCEPT HOLIDAY AND SHORT TERM CONTINGENTS

Street Address [REDACTED] Ap [REDACTED]  
 City [REDACTED] State [REDACTED] Zip Code [REDACTED]  
 Home Phone [REDACTED] Cell Phone [REDACTED]

TAX INFORMATION:  
 Tax Marital Status S Federal 5 State 5 SSN# [REDACTED]  
 S-(Single)/ M-(Married)/ H-(Head of Household)  
 # of Exemptions 3 3  
 Extra Withholding (if desired) \$      \$       
 County of Residence     

EMERGENCY CONTACT INFORMATION:  
 Last Name [REDACTED] First Name [REDACTED]  
 Relationship [REDACTED] Emergency Phone [REDACTED]

TERMINATION INFORMATION:  
 Reason Code      Termination Date      /      /       
 PTO/Vacation Hours Due      Last Day Worked      /      /       
 Severance Hours Due (if any)      Weekly  Lump Sum  Rehire Eligibility      Y-(Yes) N-(No)

Comments: \_\_\_\_\_

Associate Signature: [REDACTED] Date 2 1 24 11  
 First Level Signature: [Signature] Date      /      /       
 Second Level Signature: [Signature] Date      /      /

# Form W-4 (2011)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>1</u>
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>    </u>
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>    </u>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	<u>1</u>
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . . (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>    </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$80,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children . . . . .</li> </ul>	<b>G</b>	<u>    </u>
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ <b>H</b> For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		<u>    </u>

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 5px 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-2159  <h1 style="margin: 0;">2011</h1>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route) City or town, state, and ZIP code		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>3</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>    </u>
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>    </u>
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 <small>(This form is not valid unless you sign it.)</small>		Date ▶ <u>2/24/11</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS)		9 Office code (optional) 10 Employer identification number (EIN)

BROOKS BROTHERS

JOB #697

	DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	STATUS
001	3/15	13:00	+8602534476	EC--S	00' 20"	002	OK

TO: PAYROLL DEPARTMENT  
 RE: DIRECT DEPOSIT

**INSTRUCTIONS:**

1. Complete "Associate Section".
2. Have a bank representative complete the "Bank Section".
3. Attach a voided checking account check to the form.
4. Submit the completed form to the Payroll Department.

**NOTE:**

A TWO WEEK WAITING PERIOD is necessary to set you up on Direct Deposit (EFT). You will receive a hard check during that waiting period. UPON RECEIPT OF YOUR FIRST EFT STUB, PLEASE CONFIRM WITH YOUR BANK THAT THIS DEPOSIT HAS BEEN MADE. CONFIRMATION OF WEEKLY DEPOSITS SHOULD BE MADE PRIOR TO USE OF THE FUNDS. A change of banks also requires a two-week waiting period. Upon separation from the company, your final paycheck will be a hard check rather than a direct deposit.

**ASSOCIATE SECTION:**

Associate Name: \_\_\_\_\_  
 Associate ID Number: \_\_\_\_\_  
 Store Number: 6064

Corrections: If my account is credited with an incorrect amount, you are permitted to correct the error with an electronic debit or by paper entry.

Associate Signature: \_\_\_\_\_

**BANK SECTION:**

Bank Name: \_\_\_\_\_

Bank Routing Number (9 digits): \_\_\_\_\_

Checking/Savings Account Name(s): \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

OR

Savings Account Number: \_\_\_\_\_

Bank Contact (Name & Phone Number): \_\_\_\_\_

This is to certify that the above named bank is certified bank eligible to accept Direct Deposit (EFT) of payroll funds for the account number indicated.

Bank Representative Signature & Title: \_\_\_\_\_

Rev. 11/09

*Please fax this form to the Payroll Department at 860-253-4476 as electronic submission is not available at this time.*

TO: PAYROLL DEPARTMENT  
RE: DIRECT DEPOSIT

**INSTRUCTIONS:**

1. Complete "Associate Section".
2. Have a bank representative complete the "Bank Section".
3. Attach a voided checking account check to the form.
4. Submit the completed form to the Payroll Department.

**NOTE:**

A TWO WEEK WAITING PERIOD is necessary to set you up on Direct Deposit (EFT). You will receive a hard check during that waiting period. UPON RECEIPT OF YOUR FIRST EFT STUB, PLEASE CONFIRM WITH YOUR BANK THAT THIS DEPOSIT HAS BEEN MADE. *CONFIRMATION OF WEEKLY DEPOSITS SHOULD BE MADE PRIOR TO USE OF THE FUNDS.* A change of banks also requires a two-week waiting period. Upon separation from the company, your final paycheck will be a hard check rather than a direct deposit.

**ASSOCIATE SECTION:**

Associate Name: \_\_\_\_\_  
Associate ID Number: \_\_\_\_\_  
Store Number: 6164

Corrections: If my account is credited with an incorrect amount, you are permitted to correct the error with an electronic debit or by paper entry.

Associate Signature: \_\_\_\_\_

**BANK SECTION:**

Bank Name: \_\_\_\_\_

Bank Routing Number (9 digits): \_\_\_\_\_

Checking/Savings Account Name(s): \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

OR

Savings Account Number: \_\_\_\_\_

Bank Contact (Name & Phone Number): \_\_\_\_\_

This is to certify that the above named bank is certified bank eligible to accept Direct Deposit (EFT) of payroll funds for the account number indicated.

Bank Representative Signature & Title: \_\_\_\_\_

Rev. 11/09

*Please fax this form to the Payroll Department at 860-253-4476 as electronic submission is not available at this time.*

**Directions**

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2 and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

**Section 1 (To be completed by Payee)**

A. Name Of Payee (Last, First, Middle Initial) [REDACTED]			D. Type Of Depositor Account <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
Address (Street, Route, P.O. Box, APO/FPO) [REDACTED]			E. Depositor Account Number 0048 3618 3728	
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	F. Type Of Payment ( <i>check only one</i> )	
Telephone Number [REDACTED]			<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension <input checked="" type="checkbox"/> Other Payroll (specify)	
Area Code [REDACTED]			<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Mil. Active <input type="checkbox"/> Mil. Retire <input type="checkbox"/> Mil. Survivor	
B. Name Of Person(s) Entitled To Payment JOSHUA GARCIA				
C. Claim Or Payroll ID Number				
Prefix		Suffix		
Payee/Joint Payee Certification I certify that I am entitled to the payment identified above and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.			G. This Box For Allotment Of Payment Only (if applicable) Type Amount	
Signature			Joint Account Holders' Certification (optional) I certify that I have read and understood the back of this form, including the Special Notice to Joint Account Holders.	
Date			Signature	
Signature			Date	
Date			Signature	
Date			Date	

**Section 2 (To be completed by Payee or Financial Institution)**

Government Agency Name	Government Agency Address
------------------------	---------------------------

**Section 3 (To be completed by Financial Institution)**

Name And Address Of [REDACTED]	Routing Number 02100032	Check Digit 2
[REDACTED]	Depositor Account Title [REDACTED]	

**Financial Institution Certification**

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with applicable federal regulations.

Signature [REDACTED]	Telephone Number [REDACTED]	Date 3/11/11
-------------------------	--------------------------------	-----------------

Financial institution should refer to the Green Book for [REDACTED]  
The financial institution should mail the completed form to the Government agency identified above.

- Government Agency Copy     
  Financial Institution Copy     
  Payee(s) Copy

## HIPAA CONFIDENTIALITY AGREEMENT

I, [REDACTED], have read and understand Retail Brand  
(Print Name)

Alliance, Inc.'s policies regarding the privacy of individually identifiable health information (or Protected Health Information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that this notice serves as my initial training in RBA's policies concerning PHI use, disclosure, storage and destruction as required by HIPAA.

In consideration of my employment or compensation from Retail Brand Alliance, Inc., I hereby agree that I will not at any time, either during my employment or association with RBA, or after my employment or association ends, use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with RBA, as set forth in RBA's privacy policies and procedures or as permitted by HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with RBA, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Retail Brand Alliance, Inc., policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including termination of employment or association with Retail Brand Alliance, Inc., and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will remain in effect even after the termination of my employment or end of my association with Retail Brand Alliance, Inc., regardless of the reason for such termination.

Signature:

[REDACTED]

Date:

2/24/11

Associate ID No.:

[REDACTED]

***Please make 3 copies and distribute as follows:***

***Associate***

***Store Associate File***

***Benefits Department ( fax this form to the People Services Department at (860)741-6285 or (860)741-3171)***



**APPLICANT DISCLOSURE AND AUTHORIZATION  
(IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION)**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Brooks Brothers (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report.” These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your criminal background history, education and/or employment history conducted by Occuscreen, LLC, 200 Grand Blvd., Suite 200, Vancouver, WA 98661, 888-833-5304, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Occuscreen, LLC, 200 Grand Blvd., Suite 200, Vancouver, WA 98661, 888-833-5304, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date 2/24/11

\*This information will be used for background screening purposes only and will not be used as hiring criteria.



EMPLOYER: BROOKS BROTHERS

PHONE: 860-741-0774 X 2774

STORE #:

ASSOCIATE/POSITION:

REQUESTED BY: STORE # \_\_\_\_\_

In order to process your application, please provide the following information. Include your exact legal name and any other name(s) you may have used in the last seven (7) years.

PRINT CLEARLY IN INK OR TYPE IN ALL INFORMATION. MAKE SURE DISCLOSURE IS SIGNED ABOVE.

Form fields for personal information: FIRST, MIDDLE, LAST, SOCIAL SECURITY #, BIRTHDATE, CURRENT STREET ADDRESS, APT, POST OFFICE BOX, CITY, STATE, ZIPCODE, DRIVER LICENSE NUMBER, STATE.

OTHER NAMES USED IN PREVIOUS 7 YEARS

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
2. \_\_\_\_\_ 4. \_\_\_\_\_

PLEASE PROVIDE CITY, COUNTY, STATE AND ZIPCODE FOR YOUR RESIDENCES IN THE PAST SEVEN (7) YEARS.

BEGIN WITH YOUR MOST RECENT, CURRENT ADDRESS

Table with 4 columns: CITY, COUNTY, ZIP, DATES. Rows 1-4 for listing previous residences.

## ASSOCIATE DEVELOPMENT WORKSHEET – PRODUCTIVITY

Name: [REDACTED]

Date: 05/30/11

Position: Support

Time in Position: 90 Days

IDP	90 Day	02/26/11
Complete sections 1, 3	Complete section 1, 3	Date of Hire

<input checked="" type="checkbox"/>	Monthly Touch Base
Complete sections 1, 2, 3	

<input type="checkbox"/>	Formal Discussion *
Complete section 1, Developmental Opportunities and section 3	

### Section 1

**Strengths:** [REDACTED] has the ability to learn new skills quickly & efficiently. He demonstrates commitment to complete assigned tasks, while offering valid solutions to operational problems and challenges. [REDACTED] is appreciated by his peers because of diligent support to them and their client's needs (e.g. customer service, replenishment, deliveries, etc.) [REDACTED] demonstrates initiative in his own development and has expressed an interest in learning and understanding new skills (e.g. customer service best practices, visual merchandising)

**Developmental Opportunities:** [REDACTED] needs improvement on his time management skills by maintaining a clear focus on tasks, demonstrating a sense of urgency, completing them in a timely manner and understanding what is important between competing priorities (ie; stockroom vs. sales floor). [REDACTED] can advance his service skills and professionalism by addressing clients and their needs appropriately, demonstrate pride and knowledge of the brand, and avoid excessive conversations with his peers while on the sales floor. [REDACTED] management team appreciates and recognizes his hard work and dedication. We will support to his development and potential abilities while holding him accountable to his responsibilities and duties.

### Section 2

	Actual Sales Total Store	Planned Sales Total Store	Thank You Cards Goal/Actual	Client Entries or Contacts Goal/Actual	BB Cards Opened	PM Cards Opened
Month						
Quarter						

### Section 3

Goal	Action Plan	Follow-up Meeting
1. Housekeeping (New Skill)	Review & Follow Through on assigned tasks on the Maintenance Checklist daily. Additionally partner w.	06/25/11

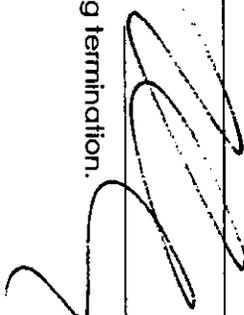
	management team for clarity on expectations.	
2. Hemline (New Skill)	Review and learn alteration/tailoring administration process w. management team. Execute data entry daily.	06/25/11
3. Register Training/Customer Service	Review registers procedures and customer service expectations with management team in efforts to support sales team and clients as cashier during peak periods.	06/25/11

Associate  
Signature



Date: \_\_\_\_\_

Manager's  
Signature



Date: \_\_\_\_\_

6/2/11

\*Further behavior or similar behavior that occurs may result in disciplinary action up to and including termination.  
Revised 4/03



**LexisNexis Screening Solutions, Inc.**

480 Quadrangle Drive Suite D

Bolingbrook, IL 60440

Phone: 800-939-4782

Fax: 630-679-5635

**Controlled Substance Test Report**

Attn: [Redacted]  
[Redacted]  
[Redacted]

Client Name: Brooks Bros. - 6001

Account Number: 160374-00100

Phone:

Employee ID 1:

Donor Name: [Redacted]

Employee ID 2:

Donor ID: [Redacted]

Emp Category:

**Test Result:** Negative  
**Result Description:** Negative  
**Substances Found:**  
**MRO Verified Comment:**

**Specimen ID:** [Redacted]  
**Collection Date:** [Redacted]  
**Testing Panel:** [Redacted]  
**CCF Received:**  
**Verified Date:** [Redacted]  
**Reported Date:** [Redacted]  
**Collection Site:** [Redacted]

**Test Reason:** [Redacted]  
**Test Type:** [Redacted]  
**Lab Account #:** [Redacted]  
**Lab Name:** [Redacted]  
**Test Account #:** [Redacted]  
**Client Name:** [Redacted]  
**Cost Center:**  
**Location ID:** [Redacted]

**Comments:**

**Certified Medical Review Officer:**

**MRO Phone:**

[Redacted Signature]

[Redacted Phone]

(Signature on File)

# NEW YORK CITY HOUSING AUTHORITY

**TO TENANT or APPLICANT:**

This form is to be filled out by your Employer only. A separate Employer's Certificate must be filled out for each employment held by each member of the family.

**PARA EL RESIDENTE O SOLICITANTE:**

Este formulario es para ser completado solamente por su empleador. El Certificado de Empleador debe ser llenado por separado, por cada uno de los empleos desempeñados y para cada miembro de familia.

**TO EMPLOYER:**

Regulations require us to check the incomes of applicants and residents to establish their eligibility for Public Housing. The person listed below informs us that s/he is now employed, or has been employed during the past twelve months, by your firm. Would you kindly furnish us with the information requested below. *Please have this form filled out completely by person(s) responsible for payroll and employment records.*

NEW YORK CITY HOUSING AUTHORITY

Name of Employee [REDACTED] Social Security No. [REDACTED]

Home Address [REDACTED] Apt. # [REDACTED]

Date Employment Began 2/23/11 Date Terminated N/A

Occupation, or Type of Work Done [REDACTED] Straight Hours Worked Per Week 40

Current Rate of Pay \$ 13.00 per hour since 2/23/11

List in spaces below, Rates of Pay for past 12 months:

Previous Rate of Pay \$ N/A per \_\_\_\_\_ since \_\_\_\_\_

Previous Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_ since \_\_\_\_\_

**SUMMARY OF EARNINGS\***

*(Please give gross payroll figures for four latest complete quarters)*

	YEAR <u>[REDACTED]</u>
1ST QUARTER	\$ <u>[REDACTED]</u>
2ND QUARTER	
3RD QUARTER	
4TH QUARTER	
<b>TOTAL</b>	\$ _____

- \*NOTE: 1. Do not include any Earned Income Tax Credit Advances.  
 2. In the case of taxicab drivers please differentiate between income from commissions and income from other sources.

*Brooks Brothers*  
 346 Madison Avenue  
 New York, NY 10017

Firm Name \_\_\_\_\_ *(Please use Firm Stamp if available)*

Address (Include Zip Code) \_\_\_\_\_

Telephone Number [REDACTED] Fax Number [REDACTED] Nature of Business Retail

The information furnished above is in accordance with our business records.

Signature of Employer or Authorized Representative [REDACTED] Official Position [REDACTED] Date [REDACTED]  
*(Print & Sign)*

**BROOKS BROTHERS  
PERFORMANCE REVIEW AND DEVELOPMENT**

LAST NAME [REDACTED]		FIRST NAME [REDACTED]	Associate # [REDACTED]
POSITION/TITLE Support associate	STORE/DEPT 6164	DATE OF LAST REVIEW (Month, year) N/A New store	
DATE IN POSITION 02-23-2011	DATE OF HIRE 02-23-2011	DATE OF CURRENT REVIEW (Month, year) 10-1-2011	

PERFORMANCE RATING	DEFINITIONS
5	Consistently exceeds performance expectations, successfully takes on additional challenges of new initiative, ready to take on more responsibility, requires minimal supervision.
4	Frequently exceeds performance expectations, frequently takes on additional challenges of new initiative, requires minimal supervision.
3	Typically meets performance expectations and handles additional challenges of new initiative, requires minimal supervision.
2	Occasionally meets performance expectations, requires some supervision, demonstrates some initiative.
1	Does not meet performance expectations, requires constant supervision, does not demonstrate initiative.

**PART I: DELIVERING ON ACCOUNTABILITIES**

Please evaluate the results accomplished against the individual's position, accountabilities, and business goals.


ASSOCIATE SUPPORTING COMMENTS:

MANAGER SUPPORTING COMMENTS:  
 [REDACTED] ability to help in all facets of the Business has been a huge help to enable the store to reach all of its goals. This season (spring) we made bonus as a store. [REDACTED] support for the sales team has really helped us accomplished these goals( getting items from the basement for clients, knowing what we own, replenishing the floor fully , and getting shipment processed on a timely basis).

SECTION WEIGHTING	70%	ASSOCIATE RATING		MANAGER RATING	3	FINAL RATING	3
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## BROOKS BROTHERS PERFORMANCE REVIEW AND DEVELOPMENT

### PART II: LIVING THE BRAND

	RATING	
	Assoc	Mgr
<b>LEADING THE WAY</b> - Consistently leads by example, creates positive and influence about success and work processes of others, support management team with ideas, suggestions, strategic plans and merchandise presentation, maintain a safe workplace, work a passion and pride for the business, assume accountability for success.		Great
<b>USING THE VALUES</b> - Consistently leads by example, lives our values, actively seeks, and demonstrates leading edge leadership with customers and fellow associates, demonstrates business knowledge, financial determination integrity and ethical behavior, consistently goes above and beyond for the Company and the customer.		Great
<b>FOCUSING ON THE CUSTOMER</b> - Consistently demonstrates a strong focus on the customer, and provides superior service, actively seeks to understand customer needs, and proactively addresses customer concerns, consistently demonstrates a passion for customer service.		Good
<b>DRIVING FOR RESULTS</b> - Consistently demonstrates a strong focus on results, actively seeks to understand customer needs, actively change and drive for continuous improvement, consistently demonstrates a passion for success, and actively seeks to improve results.		Great

#### ASSOCIATE SUPPORTING COMMENTS:

#### MANAGER SUPPORTING COMMENTS:

██████ is always willing to help out in all areas of the Business, He is a total team player. ██████ has helped lead the way by training the new support associates for this store as well as our new University location. ██████ works well with all the members of this team. ██████ shows a true sense of urgency when processing our shipment, he works to get it on to the floor immediately and communicates well with management and visual with all new items that need to be merchandised and put out. ██████ has been our one man team for a long time and has taken on many responsibilities such as transfers, MOS, remnant etc. ██████ I feel the only oppt. I need you to work on now is your attendance. You must know your schedule and get here on time everyday.

SECTION WEIGHTING	20%	ASSOCIATE RATING		MANAGER RATING	3	FINAL RATING	3
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### Part III: SUPPORTING THE COMPANY INITIATIVES

Support the implementation of enabling initiatives aligned with Company growth and profitability strategies. Support and participate in Company change initiatives and workgroup activities.

#### ASSOCIATE SUPPORTING COMMENTS:

██████ gives his feedback when the company rolls out a new initiative, for the most part he is always willing to try anything that will help better the business. I would like ██████ to be a little more supportive and encouraging when he does not agree with a company strategy and not discuss any negative viewpoints with the rest of the team.

## BROOKS BROTHERS PERFORMANCE REVIEW AND DEVELOPMENT

MANAGER SUPPORTING COMMENTS:

SECTION WEIGHTING	10%	ASSOCIATE RATING		MANAGER RATING	3	FINAL RATING	3
-------------------	-----	------------------	--	----------------	---	--------------	---

### STORE FINANCIAL METRICS

Sales						Inventory Results			
FALL				%	%		Plan	Actual	+/-
SPRING	1,215	1,268	+4.4	+1.9%	+3.3%	Shrink %	2.00%	3.54%	
TOTAL	1,215	1,268	+4.4	+1.9%	+3.1%	SKU Variance	8.00%	13.02%	

### PART IV: OVERALL PERFORMANCE RATING/COMMENTS

Overall performance rating was 3.00. Manager for each 3.00. It was based on the following comments:  
 Overall Performance: 3.00. Manager for each 3.00. It was based on the following things: 1, 2, 3, 4, 5.  
 Rating: 3.00

ASSOCIATE SUPPORTING COMMENTS:

MANAGER SUPPORTING COMMENTS: you are a very valuable member of this team please keep up the good work, I want to discuss further growth and where you want to go as well as what do you need from me???

ASSOCIATE RATING		MANAGER RATING	3	4	FINAL RATING	3
------------------	--	----------------	---	---	--------------	---

Current Salary: \$13.00

% Merit Increase: .41 cents

New Salary: \$13.41hr.

Fall Season Bonus: \$

Spring Season Bonus: \$500.00

Total Bonus: \$500.00

### PART V: INDIVIDUAL DEVELOPMENTAL GOALS

Consider opportunities for professional growth (i.e. company training programs, seminars/classes additional responsibilities, committee involvement, and higher levels of education) that support overall job accountabilities		Estimated Completion Date
Goal	Action Plan	
To learn the inputting of Hemline	Work with Kenard Oct 17 <sup>th</sup> . Daily until u know it.	On going
Learn all register fuctions by DEC.1st	Work with Michael Hix starting Oct.24 <sup>th</sup> daily	On going

**BROOKS BROTHERS  
PERFORMANCE REVIEW AND DEVELOPMENT**


**SIGNATURES:**

*[Handwritten Signature]*

*10-6-11*

*[Redacted Signature]*

*10-6-11*

REVIEWING MANAGER'S SIGNATURE

DATE

ASSOCIATE SIGNATURE

DATE

TO: PAYROLL DEPARTMENT  
RE: DIRECT DEPOSIT

**INSTRUCTIONS:**

1. Complete "Associate Section". **Must have associate signature and ID#**
2. Have a bank representative complete the "Bank Section".
3. Attach a voided checking account check to the form.
4. Submit the completed form to the Payroll Department.

**NOTE:**

A TWO WEEK WAITING PERIOD is necessary to set you up on Direct Deposit (EFT). You will receive a hard check during that waiting period. UPON RECEIPT OF YOUR FIRST EFT STUB, PLEASE CONFIRM WITH YOUR BANK THAT THIS DEPOSIT HAS BEEN MADE. *CONFIRMATION OF WEEKLY DEPOSITS SHOULD BE MADE PRIOR TO USE OF THE FUNDS.* A change of banks also requires a two-week waiting period. Upon separation from the company, your final paycheck will be a hard check rather than a direct deposit.

**ASSOCIATE SECTION:**

Associate Name: \_\_\_\_\_

Associate ID Number or SSN: \_\_\_\_\_

Store Number: 6164

Corrections: If my account is credited with an incorrect amount, you are permitted to correct the error with an electronic debit or by paper entry.

Associate Signature: \_\_\_\_\_

**BANK SECTION:**

Bank Name: Chase

Bank Routing Number (9 digits): \_\_\_\_\_

Checking/Savings Account Name(s): \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

OR

Savings Account Number: \_\_\_\_\_

Bank Contact (Name & Phone Number): \_\_\_\_\_

Deposit \$250.00 to this Account



# Direct Deposit Set-Up Form

## EMPLOYEE INFORMATION

Employee

Address

City

State

Zip

Company Employee ID

## ACCOUNT INFORMATION

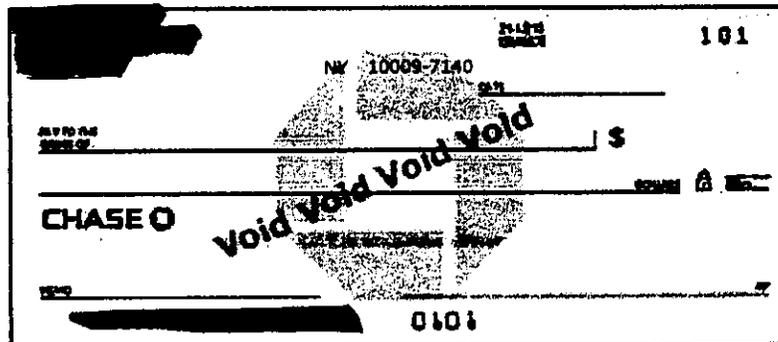
Chase routing number

Account number

Deposit To:

Checking

Savings



## EMPLOYEE AGREEMENT

I authorize Brooks Brothers to automatically deposit my payroll check into my account listed above. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

[Redacted Signature]  
Employee Signature

8/27/12  
Date

Employee: If there are any questions, please call: **MATTHEW HOINE**  
Chase Banker(212) 737-0309



**FULL - TIME FLEXIBLE BENEFITS and PART-TIME PLUS (Retail Only)**  
**RETAIL BRAND ALLIANCE, INC. / BROOKS BROTHERS**  
 People Services  
 P.O. Box 1700  
 Enfield, CT 06083-1700

Name (Last, First, MI) [Redacted]  
 Address (Street, City, State, Zip) [Redacted]

SECTION A ASSOCIATE INFORMATION (Complete ALL of section A)  Check here if this is updated contact information

Social Security # [Redacted]

Store # [Redacted]

Daily of Hire [Redacted]

Marital Status  Single  Married

Reason for Application  
 Hire (due 31 days from DOH)  
 Status Change (Complete Section J)  
 Annual Enrollment (due by NOV. 22, 2010)

**This form must be completed and sent:**  
 By the date specified in the Annual Enrollment package.  
 Within 31 days of the following events:  
 The Date you are hired full time.  
 The Date you experience a family status change.  
 The Date you transfer employment status.  
 FAX: (860) 741-6285 or (860) 741-3171

**HOME OFFICE USE ONLY**  
 Date Received \_\_\_\_\_  
 Effective Date \_\_\_\_\_

SECTION B HEALTH BENEFIT (PART-TIME PLUS ONLY eligible for Low PPO Choice Plus/Freeform)  
 MEDICAL PLAN / One:  
 Decline Coverage  
 Option 1 HIGH PPO Choice Plus/Freeform  
 Option 2 LOW PPO Choice Plus/Freeform  
 Option 3 EPO  
 Option 4 (PACO) Name of HMO  
 Options 3 & 4 Complete Section C (PPO # or name)

MEDICAL COVERAGE / One  
 Associate  
 Associate Plus Child  
 Associate Plus Spouse  
 Associate Plus Children  
 Family

DENTAL BENEFIT  
 DENTAL PLAN / One:  
 Decline Coverage  
 Option 1 (Basic Plan)  
 Option 2a (Traditional/DPO)  
 Option 2b (DHMO)  
 Option 2c Complete Section C (DHMO ID)

DENTAL COVERAGE / One:  
 Associate only  
 Associate plus one dependent  
 Associate plus two or more dependents  
 Decline

SECTION C FAMILY INFORMATION (List all family members to be covered including yourself)

Name (Last, First, MI)	RELATION- SHIP	Coverage		VIM	Date of Birth	Sex	Social Security Number	HMO or EPO Primary Care Physician ID # or Name	Dental DHMO ID
		Medical	Dental						
Associate [Redacted]	SELF				[Redacted]	[Redacted]	[Redacted]		
Dependent 1									
Dependent 2									
Dependent 3									
Dependent 4									

If more space is needed, use back of this written form  
 Do you or any of your dependents have coverage under any other medical plan?  Yes  No If yes, please complete:

Are you or any of your dependents eligible for Medicare?  Yes  No  
 Are any children listed above eligible to participate in a medical or dental plan of their employer?  Yes  No  
 Conduction Date \_\_\_\_\_

Name of Spouse/Dependent	Employer Name	Individual or Family Membership	Insurance Co. Name	Name
SECTION D ASSOCIATE LIFE/ADD (One)		SECTION E SPOUSE LIFE (One-CAN BE NO MORE THAN 1/2 OF ASSOCIATE COVERAGE)		SECTION F CHILD LIFE (One)
<input type="checkbox"/> Option 1 1x pay		<input checked="" type="checkbox"/> Decline Coverage		<input checked="" type="checkbox"/> Decline Coverage
<input type="checkbox"/> Option 2 2x pay		<input type="checkbox"/> Option 1 \$5000		<input type="checkbox"/> Option 1 (\$2,000)
<input checked="" type="checkbox"/> Option 3 3x pay		<input type="checkbox"/> Option 2 \$10,000		<input type="checkbox"/> Option 3 (\$10,000)
SECTION G SHORT TERM DISABILITY (Hourly Associates Complete)		SECTION H LONG TERM DISABILITY (100% Associate Paid)		SECTION I FLEXIBLE SPENDING ACCOUNT
Hourly Associates <input type="checkbox"/> Decline Coverage <input checked="" type="checkbox"/> I elect coverage		<input checked="" type="checkbox"/> Decline Coverage		HEALTHCARE SPENDING ACCOUNT
Salaried Associates		<input type="checkbox"/> Option 1 (40%) (max \$10,000)		Weekly Election Amount (through the end of year)
Salaried Associates automatically enrolled		<input type="checkbox"/> Option 2 (50%) (max \$12,500)		DEPENDENT CARE SPENDING ACCOUNT
		<input type="checkbox"/> Option 3 (80%) (max \$15,000)		Election Annual Amount (through the end of year)
				BENEFICIARY FOR ASSOCIATE LIFE INSURANCE (PRIMARY & CONTINGENT)
				NAME
				%
				SOCIAL SECURITY #
				DOB

SECTION J STATUS CHANGE (Complete this section when requesting a change)  
 I request a change in coverage due to the following status change (check one) Supporting documentation required  
 Date of Event

- Part Time to Full Time
- Part Time Plus to Full Time
- Full Time to Part Time Plus
- Marriage
- Supporting documentation required
- Divorce
- Birth/Adoption
- Death of spouse/dependent
- Spouse beginning/ending job/benefits
- Other

I hereby certify that the information supplied above is true to the best of my knowledge and that I have received and read the benefits materials described in my Employer's current announcement. I declare the coverage as indicated and intend the above-stated elections to remain in effect until the end of the month in which my last day worked is in and that deductions will be taken out of my last check to cover any deductible to the cost of such coverage. I am aware if I leave the company that my benefits will end (or any other agency or entity) to provide, upon request, any information concerning the health, conditions or treatment of any covered person whom that are needed. Further, I hereby authorize my provider of health services (or any other agency or entity) to provide, upon request, any information concerning the health, conditions or treatment of any covered person whom such information is considered necessary for the proper medical care, the proper disposition of a claim submitted for payment, medical management or in fulfillment of obligations imposed by State or Federal Law.

Signature: [Redacted]  
 Date: 6/19/11  
 While Copy: Benefits Department Park Copy, Associates for verification purposes  
 Revised 10-10

---

[REDACTED]

---

[REDACTED]

---

[REDACTED]

---

## Objective

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Reliable and eager learner with great people skills, ready to take on new experiences.

## Experience

---

Edison Properties/ Manhattan Mini Storage

New York, New York

*Storage Associate/ Night Manager*

12/06-12/08

- Customer service
- Managed currency
- Frequent patrols of location
- Answered phones
- Monthly collection/service calls
- Building management
- Balancing financial accounts

### *Maintenance*

12/05 – 12/06

- Cleaned and sanitized restroom facilities and fixtures including sinks, urinals and toilets.
- Washed windows, mirrors and walls
- Swept, vacuumed, mopped, waxed, stripped, and polished floors.
- Dusted and polished furniture, woodwork, fixtures, and equipment.
- Cleaned desks and counter tops.
- Moved and arranged furniture and equipment.
- Replaced lights and cleaned air vents as required.
- Regulated ventilation and temperature.
- Identified and reported building maintenance needs in assigned buildings and facilities.
- Delivered packages and supplies as needed.
- Performed related duties and responsibilities as required.

Manhattan Paint Corp. / Tres Construction

Astoria, New York

*Construction Worker*

08/05 – 12/05

- Acquired experience in general construction including basic electrical repairs, carpentry, concrete, glass, painting, patching and sanding work.
- Laid all types of sheetrock, mixed cement, painted and stained woodwork.
- Performed corrective repairs on commercial and residential buildings.

## Education

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- Certificate of equivalency

## Skills

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- Fluent in Spanish
- Establishing effective working relationships
- Quality control of maintenance and repair work
- Familiar with Windows , Power Point, and Excel
- Self-motivated, good interpersonal skills and fast learner
- Building maintenance: building equipment maintenance and repair
- Organizational skills which include, planning, scheduling and utilizing space to avoid clutter.
- General building construction and repair: painting, sanding, basic plumbing, basic electrical wiring

**References available upon request**

**EMPLOYMENT APPLICATION**

# RETAIL BRAND ALLIANCE

ADRIENNE VITTADINI BROOKS BROTHERS CAROLEE

100 Phoenix Avenue, P.O. Box 1700  
Enfield, CT 06083-1700

**PERSONAL INFORMATION**

Date of Application <b>2/18/11</b>		Position Applying For <b>Stock</b>		Other positions for which you are qualified: <b>Sales</b>	
Last Name <b>Gracia</b>		First Name <b>Joshua</b>		Middle Name	
Present Street Address [REDACTED]		City [REDACTED]		State [REDACTED]	
Prior Street Address		City		State	
Daytime Phone		Evening Phone		Social Security Number	
E-mail Address [REDACTED]		When can you start? <b>NOW!</b>		Schedule desired: <input checked="" type="checkbox"/> Full Time Days <input type="checkbox"/> Part Time Days <input type="checkbox"/> Part Time Evenings <input type="checkbox"/> Full Time Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Seasonal	
				Do you have a reliable means of transportation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				Company/Division Applying To: <input type="checkbox"/> Adrienne Vittadini <input type="checkbox"/> Carolee <input checked="" type="checkbox"/> Brooks Brothers	

**MISCELLANEOUS INFORMATION**

List all friends and relatives currently working for us and their location.		Will you now or in the future require sponsorship for a visa? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please give details. A prior conviction will not automatically disqualify you from employment.	
How were you referred to us? <b>(CEC) Mrs. Jordan</b>		Have you undergone a name change that would hinder our ability to check your previous work history. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please explain.		<small>In the state of California only, if you were convicted of unlawful possession and/or transport of marijuana per subdivision (a) or (b) of Section 11361.5 of California's Health and Safety Code, more than two years before the date of completion of this application, you may answer no to this question.</small>	
Have you ever worked for: <input type="checkbox"/> Adrienne Vittadini <input type="checkbox"/> Coren Charles <input type="checkbox"/> Casual Corner Outlet/Annex <input type="checkbox"/> Petite Sophisticate Outlet/Annex <input type="checkbox"/> August Max <input type="checkbox"/> Career Image <input type="checkbox"/> Casual Corner Women Outlet/Annex <input type="checkbox"/> Sunglass Hut <input type="checkbox"/> August Max Women <input type="checkbox"/> Career Image Company Store <input type="checkbox"/> Lenscrafters <input type="checkbox"/> Ups & Downs <input type="checkbox"/> Brooks Brothers <input type="checkbox"/> Carolee Designs <input type="checkbox"/> Pappagallo <input type="checkbox"/> U.S. Shoe <input type="checkbox"/> Capezio <input type="checkbox"/> Casual Corner <input type="checkbox"/> Petite Sophisticate <input type="checkbox"/> Watch World/Watch Station <input checked="" type="checkbox"/> None If yes, please explain:					

**WORK HISTORY**

LIST YOUR PREVIOUS EXPERIENCE BEGINNING WITH YOUR MOST RECENT POSITION (Including Military Service, if applicable)					
Start Date	Employer Name	Starting Position	Starting Salary	Major Duties	
<b>12/15/05</b>	<b>Edison Properties</b>	<b>Maintenance</b>	<b>\$ 25,000</b>	<b>Building Up keep</b>	
<b>12/22/08</b>	<b>520 8<sup>th</sup> Ave</b>	<b>Sale Associate / Night Manager</b>	<b>\$ 38,000</b>	<b>Customer Service and more</b>	
List Three Management References:	1) Name/Title Phone [REDACTED]	2) Name/Title Phone [REDACTED]	3) Name/Title Phone [REDACTED]	Reason for leaving <b>laid off</b>	
Start Date / /	Employer Name	Starting Position	Starting Salary \$	Major Duties	
Date Left / /	Address	Final Position	Current Salary \$		
List Three Management References:	1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone	Reason for leaving	
Start Date / /	Employer Name	Starting Position	Starting Salary \$	Major Duties	
Date Left / /	Address	Final Position	Current Salary \$		
List Three Management References:	1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone	Reason for leaving	

### WORK HISTORY

Start Date / /	Employer Name	Starting Position	Starting Salary \$	Major Duties
Date Left / /	Address	Final Position	Current Salary \$	
List Three Management References:	1) Name/Title    Phone	2) Name/Title    Phone	3) Name/Title    Phone	Reason for leaving

In the past seven years have you been asked to leave the employ of any employer listed or not listed on this application? Yes  No

### EDUCATION AND TRAINING

Type of School	Name and Address of School	Highest Grade Comp	Course of Study	Did you Graduate?	List Diploma or Degree
High School	La Guardia Community College	9 10 11 <input checked="" type="checkbox"/> 12		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
College		13 14 15 16		Yes    No	
Other (Specify)		17 18 19 20		Yes    No	
Business or Trade		1 2 3 4		Yes    No	

### SPECIAL SKILLS

<input type="checkbox"/> Typing ( _____ WPM) <input type="checkbox"/> Word Processing Equipment/Programs	<input checked="" type="checkbox"/> Computers (List Programs you know) <i>Windows, Power Point, and Excel</i> <input checked="" type="checkbox"/> Other Skills
---	---

### AVAILABILITY - (Hours Available For Work)

Days of the Week	From Time:	To Time:	Comments
Monday	Any time	Any time	
Tuesday	↓	↓	
Wednesday			
Thursday			
Friday			
Saturday			
Sunday	↓	↓	

I am aware that frequent absences in violation of the Attendance Policy can create a hardship for coworkers and the Company. I am also aware that compliance with the Attendance Policy is an essential function of the job I am seeking. If hired, I can comply with the policy with or without reasonable accommodation. Yes  No

### DRUG FREE WORK PLACE

Retail Brand Alliance is a Drug-Free Company. As required by our Drug-Free Work Place Policy, all prospective Associates are required to take a drug test prior to being hired with the Company. A summary of this policy is described below.

***If you currently use illegal drugs or abuse legal drugs, you will not be hired.***

#### SCOPE OF POLICY

This policy applies to all Applicants and Associates of Retail Brand Alliance.

#### POLICY VIOLATIONS

The Company feels strongly that drug use in the work place can undermine individual job performance, the security of other Associates and the Company's business. As a result, the following activities are prohibited while on Company premises or while on Company business:

- Using or having detectable levels of illegal drugs in your system or abuse of any drug, controlled substance or chemical.
- Using prescription drugs for any purpose other than as prescribed or by anyone other than the person to whom prescribed.
- The purchase, sale, transfer, possession, manufacture, or distribution of illegal drugs, controlled substances or chemicals.

Engaging in any of these activities will result in disciplinary action, up to and including termination.

#### DRUG TESTING

The Company reserves the right to test applicants and in certain situations test Associates for evidence of substance abuse. Test will screen for abuse of compounds including, but not limited to the following:

- Amphetamines
- Barbiturates
- Propoxyphene

- Cocaine
- Codeine
- Methadone

- Methaqualone
- Morphine
- Benzodiazepines

- Marijuana
- Phencyclidine (PCP)

- Offers of employment will only be made upon successfully passing a Urinalysis Test \*(See exceptions listed in the acknowledgement and consent section of this form).
- No applicant may be considered for regular employment who has not signed the Drug Screening Consent and Release Form.

**EMPLOYMENT DOCUMENTS**

If the Company offers you a position, you will be asked to sign several documents relative to your employment. We have reproduced some of those documents here, along with a brief description for your information only. Should the Company offer you a position and you refuse to sign these documents, the offer of employment will be withdrawn.

**PLEASE READ EACH STATEMENT CAREFULLY**

As you probably know, we generally check references offered by employment applicants, and may go to suitable sources for additional information. Our objective is to obtain information on ability, previous job performance, character and reputation, for the sole purpose of considering you for employment. The state of Maryland, public law 91-508 requires us to tell you this. On your written request, additional information on the nature and scope of inquiries, if any are made, will be provided.

I certify that the information that I have provided on my application, resume, given verbally, or provided on any other material, is true to the best of my knowledge and understand that falsification and/or omission of this information may result in dismissal in accordance with Company Policy. The Company in considering my application for employment may verify the information set forth on this application with exception to any disclosure of disability and/or medical information as prohibited by the ADA. I agree that, before and, in the event that I am hired, at any time during my employment, the Company, in its discretion, may investigate my employment history, education, financial integrity, credit worthiness, and any other aspect of my background and confirm that I have no prior criminal record. For this purpose, I specifically hereby authorize the Company to obtain such credit reports, background checks and other information as may be useful.

In accepting employment, I acknowledge that the policies, benefits, and other programs listed in the benefits booklet and policy manuals do not infer or imply a contract of employment between the Company and myself. I realize that the aforementioned benefits, policies and programs are provided at company discretion and may be changed or eliminated at any time. In consideration of employment, I agree to conform to the rules and regulations of the Company, I also realize that employment is considered to be "at will", during which time my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Company or myself. Furthermore, I understand that Retail Brand Alliance does not enter into contracts of employment with its Associates except in writing signed by an Officer of the Company. I also affirm that I have not signed any kind of restrictive document, creating any obligation to any former employer that would restrict my acceptance of employment with Retail Brand Alliance.

**MARYLAND LIE DETECTOR LAW**

Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

**MASSACHUSETTS LIE DETECTOR LAW**

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer that violates this law shall be subject to criminal penalties and civil liability."

**ACKNOWLEDGMENT AND CONSENT**

**ACKNOWLEDGEMENT**

I hereby acknowledge that I have read and understand all statements made on this application.

**PRE-EMPLOYMENT AND POST-EMPLOYMENT DRUG SCREENING CONSENT.**

I hereby give my voluntary consent for a urine sample to be collected from me and submitted for a drug or controlled substance abuse screening test. I understand that any positive result from such test will preclude my being offered employment (if an applicant) or terminate my continued employment (if current Associate). Further, I understand my failure to execute this voluntary consent will result in my not being further considered for employment (if an applicant).

I hereby consent, if I am an applicant, to the release of the test results to those Company officials who make employment decisions for the Company. Further, if a current Associate, I give my consent for the release of test results to the appropriate Company officials for the determination of continued employment.

**STATE EXCEPTIONS TO THE POLICY INCLUDE:**

If you reside in Maine, Minnesota, Oklahoma, Rhode Island and Vermont, please read the following.

I understand that I will be given an offer of employment prior to submitting to the required pre-employment substance abuse screening test. I further understand that I cannot and will not be hired until I have SUCCESSFULLY completed a pre-employment substance test. I understand I will be given advance written notice of this requirement. I understand that the substances that I will be tested for include but are not limited to those indicated on the top of this page.

NAME (Please print) Joshua Garcia Date 2/13/14

SIN# 2137  
FORM# 670-9  
REV 9/06

Signature: [Handwritten Signature]

**OUR EMPLOYMENT POLICY**

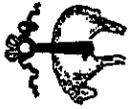
EQUAL OPPORTUNITY FOR ALL WITHOUT REGARD TO ANY  
PROTECTED CLASS STATUS AS DEFINED BY FEDERAL, STATE OR LOCAL LAW

**NO SMOKING POLICY**

THE FACILITIES OF RETAIL BRAND ALLIANCE INC.  
PROHIBITS SMOKING ON THE PREMISES

**R**ETAIL **B**RAND **A**LLIANCE

100 Phoenix Avenue, P.O. Box 1700  
Enfield, CT 06083-1700



# BROOKS BROTHERS

St. # 6164 # 143875

Hired 02/23/2011

Birthdate: [REDACTED]

CURRENT YEAR 2011

## ATTENDANCE RECORD

CURRENT YEAR: / /

ASSOCIATE #: \_\_\_\_\_ STORE/LOCATION: \_\_\_\_\_ DATE OF HIRE: / / DATE OF BIRTH: / /

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL								L 2							L 30		L 2					L 8									
MAY			L 2	L 3						L 4											L 3										
JUNE										L 2																					
JULY							S			L 2																					
AUGUST										L 2																					
SEPTEMBER											L 10																				
OCTOBER												L 2																			
NOVEMBER																															
DECEMBER																															

S—Sick/Absent      H—Holiday      D—Disability      A—Leave of Absence  
 L—Late              V—Vacation      W—Worker's Comp  
 P—Personal        B—Bereavement      J—Jury Duty

# **Union Exhibit 46**



# Brooks Brothers

## New Hire Paperwork Checklist

Manager: Ensure all documents have been filled out completely and routed to the appropriate location.

Document	What to do with document	Completed
Application for Employment	Retain in store file	<input type="checkbox"/>
Reference Checks (2)	Retain in store file	<input type="checkbox"/>
Associate Data Worksheet	Fax to Payroll (860) 253 – 4476 or send electronically to PayrollBrooksBrothers@retailbrandalliance.com	<input type="checkbox"/>
Federal Tax (W-4)	Fax to Payroll (860) 253 - 4476	<input type="checkbox"/>
State Withholding (if applicable)	Fax to Payroll (860) 253 – 4476	<input type="checkbox"/>
I-9 Documentation	Retain in store file	<input type="checkbox"/>
Direct Deposit Authorization (if associate elected)	Fax to Payroll (860) 253 – 4476	<input type="checkbox"/>
Employment Screening Inquiry (for Associates Holding Keys)	Fax to Loss Prevention (718) 609 -4430 Retain one copy in store file	<input type="checkbox"/>
Union Dues Cards (2) (only applicable for stores with union associates)	Send one to the Benefits Department Send one to the Union	<input type="checkbox"/>
HIPPA Confidential Agreement	Make 3 copies and distribute as follows: Fax to Benefits at (860) 741-6285 or (860) 741-3171 Or send electronically to PeopleServices@Retailbrandalliance.com Retain in Store File Give to Associate	<input type="checkbox"/>
HIPPA Privacy Notice	Give to Associate	<input type="checkbox"/>
Associate Handbook	Retain Sign-off form in store file	<input type="checkbox"/>
Business Card Request	Fax to Purchasing at (860) 253-4463 Or email request to purchasingassociates@retailbrandalliance.com	<input type="checkbox"/>

### All Benefits-Eligible Associates

<b>Benefits Enrollment Information</b> Print Benefits Enrollment, Benefits Guide and Associate Contributions Information	Fax completed documents to Benefits Department. Forms must be received within 31 days of hire ( <b>NO EXCEPTIONS</b> ). Fax 860-741-6285 or 860-741-3171	<input type="checkbox"/>
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Associate Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Rev: 7/1/10

BROOKS BROTHERS

JOB #606

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	STATUS
001	2/24 16:36	+8602534476	EC--S	02' 06"	011	OK

*Brooks Brothers*

facsimile transmittal .....

To: Katen Le Duc Fax: 860-253-4476

From: Marcela Date: 2-24-2011

Re: New Hired Page: 10  
St. #6164

NOTES: Hello Katen!

We opened a "New Brooks Brothers Store" #6164. AND we have new HIRED; pls.  
We need an ID #'s \_\_\_\_\_?

Thanks, Marcela 😊

346 Madison Avenue • New York, NY 10017 • Phone 212-682-8800 • Fax 212-309-

CURRENT, RELEVANT, CLASSIC .....

PLEASE PRINT CLEARLY

# BROOKS BROTHERS ASSOCIATE DATA WORKSHEET

Name: [REDACTED]

Store # 6164

SSN # [REDACTED]

PLEASE CHECK ONE:  New Hire  Rehire  Changes  Termination

### RATE OF PAY:

\*(Hourly rate of pay for hourly Associates; Annual rate of pay for salaried Associates)

Job Code  CMSALC

Hourly Associate: \$ 11

Salaried Associate: \$

Commission Location #

Date Started 2/23/11

Birth date [REDACTED]

### STATUS:

- Salaried
- Hourly - 30+ hrs/wkly - Benefits eligible
- Hourly - 20-29.9 hrs/wkly - Benefits eligible
- Hourly - <19.9 hrs/wkly - NOT Benefits eligible

- Long Term Contingent (More than 10 days)
  - Short Term Contingent (Less than 10 days)
  - Holiday (October - December)
- Drug tests not required for the following status

- Non Union
  - Union
- Union Only

Union #  Standard Hrs 40 -

Gender F F-(Female) M-(Male)

Veteran Status N N-(Non-Vet) Y-(Vet) V-(Vietnam Era Vet (1962-75))

Disabled Status N Y-(Yes) N-(No)

Marital Status S S-(Single) M-(Married) D-(Divorced) W-(Widower)

Disabled Vet N Y-(Yes) N-(No)

Ethnic Code 2 1-Caucasian/ 2-African American/ 3-Hispanic/ 4-Asian American/ 5-American Indian/ 6-Other

Education U.A., B.A.

Date Attained Degree 11/23/10

Major subject English, Writing

Hire Source \_\_\_\_\_

12/07

Drug Test Verification  Y-(Yes) N-(No) ALL ASSOCIATES MUST BE DRUG TESTED EXCEPT HOLIDAY AND SHORT TERM CONTINGENTS

Street Address [REDACTED] Apt # [REDACTED]

City [REDACTED] State [REDACTED] Zip Code [REDACTED]

Home Phone [REDACTED] Cell Phone [REDACTED]

### TAX INFORMATION:

Tax Marital Status Federal S State S SSN [REDACTED]

S-(Single) M-(Married) H-(Head of Household)

# of Exemptions 1 1

Extra Withholding (if desired) \$  \$

County of Residence Kinas

### EMERGENCY CONTACT INFORMATION:

Last Name [REDACTED] First Name [REDACTED]

Relationship [REDACTED] Emergency Phone [REDACTED]

### TERMINATION INFORMATION:

Reason Code \_\_\_\_\_ Termination Date 1/1

PTO/Vacation Hours Due \_\_\_\_\_ Last Day Worked 1/1

Severance Hours Due (if any) \_\_\_\_\_ Weekly  Lump Sum  Rehire Eligibility Y-(Yes) N-(No)

Comments: \_\_\_\_\_

Associate Signature: [REDACTED] Date 02/23/11

First Level Signature: [REDACTED] Date 2/23/11

Second Level Signature: \_\_\_\_\_ Date \_\_\_\_\_

# Form W-4 (2011)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

**Nonresident alien.** If you are a nonresident alien, see Notice 1382, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	_____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children . . . . .</li> </ul>	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</li> <li>• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	<b>H</b>	_____

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 5px 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-2159  <div style="font-size: 2em; font-weight: bold; margin: 0;">2011</div>
1 Type or print your first name and middle initial. <span style="float: right;">Last name</span> <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>		2 Your social security number <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>
Home address (number and street or rural route) <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> 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.) ▶ <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>		Date ▶ 2/23/11
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

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

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last [REDACTED]	First [REDACTED]	Middle Initial [REDACTED]	Maiden Name
Address (Street Name and Number) [REDACTED]		Apt. # [REDACTED]	Date of Birth (month/day/year) [REDACTED]
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Social Security # [REDACTED]

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature [REDACTED]	Date (month/day/year) [REDACTED]
------------------------------------	-------------------------------------

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature [REDACTED]	Print Name [REDACTED]
Address (Street Name and Number, City, State, Zip Code) [REDACTED]	
Date (month/day/year) [REDACTED]	

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative [REDACTED]	Print Name [REDACTED]	Title [REDACTED]
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) [REDACTED]		Date (month/day/year) [REDACTED]

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable) [REDACTED]	B. Date of Rehire (month/day/year) (if applicable) [REDACTED]
---	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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 [REDACTED]		Date (month/day/year) [REDACTED]

# We the People

*Of the United States,  
in Order to form a more perfect Union,  
establish Justice, insure domestic Tranquility,  
provide for the common defence,  
promote the general Welfare, and secure  
the Blessings of Liberty to ourselves and  
our Posterity, do ordain and establish this  
Constitution for the United States of America.*



NUMERO DE TITULAR / SIGNATURE OF TITULAR / FIRMA DEL TITULAR

3

PASSE  
PASSE  
PASAPORTE

UNITED STATES OF AMERICA

Passport No. / No. del Pasaporte

USA

Signature



[Redacted fields for personal information]

Lugar de nacimiento

Sex / Sexo / Sexo

Fecha de expedición

Authority

Fecha de caducidad

Department of State

Notaciones

USA



## HIPAA CONFIDENTIALITY AGREEMENT

I, [REDACTED], have read and understand Retail Brand  
(Print Name)

Alliance, Inc.'s policies regarding the privacy of individually identifiable health information (or Protected Health Information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that this notice serves as my initial training in RBA's policies concerning PHI use, disclosure, storage and destruction as required by HIPAA.

In consideration of my employment or compensation from Retail Brand Alliance, Inc., I hereby agree that I will not at any time, either during my employment or association with RBA, or after my employment or association ends, use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with RBA, as set forth in RBA's privacy policies and procedures or as permitted by HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with RBA, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Retail Brand Alliance, Inc., policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including termination of employment or association with Retail Brand Alliance, Inc., and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will remain in effect even after the termination of my employment or end of my association with Retail Brand Alliance, Inc., regardless of the reason for such termination.

Signature:

[REDACTED]

Date:

2/23/11

Associate ID No.:

[REDACTED]

**Please make 3 copies and distribute as follows:**

**Associate**

**Store Associate File**

**Benefits Department ( fax this form to the People Services Department at (860)741-6285 or (860)741-3171)**

BROOKS BROTHERS

JOB #605

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	STATUS
001	2/24 16:34	860 741 6285	EC--S	01' 29"	004	OK

### HIPAA CONFIDENTIALITY AGREEMENT

I, [REDACTED], have read and understand Retail Brand  
(Print Name)

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I understand that this obligation will remain in effect even after the termination of my employment or end of my association with Retail Brand Alliance, Inc., regardless of the reason for such termination.

Signature:

[REDACTED SIGNATURE]

Date:

2/23/11

Associate ID No.:

[REDACTED]

*Please make 3 copies and distribute as follows:*

**Associate**

**Store Associate File**

**Benefits Department ( fax this form to the People Services Department at (860)741-6285 or (860)741-3171)**



**APPLICANT DISCLOSURE AND AUTHORIZATION  
(IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION)**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**Brooks Brothers** (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report.” These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your criminal background history, education and/or employment history conducted by Occuscreen, LLC, 200 Grand Blvd., Suite 200, Vancouver, WA 98661, 888-833-5304, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Occuscreen, LLC, 200 Grand Blvd., Suite 200, Vancouver, WA 98661, 888-833-5304, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

 \_\_\_\_\_ 2/23/11 \_\_\_\_\_  
Signature Date

\*This information will be used for background screening purposes only and will not be used as hiring criteria.



EMPLOYER: BROOKS BROTHERS

PHONE: 860-741-0774 X 2774

STORE #: 6164

ASSOCIATE/POSITION:

REQUESTED BY: STORE # \_\_\_\_\_

In order to process your application, please provide the following information. Include your exact legal name and any other name(s) you may have used in the last seven (7) years.

PRINT CLEARLY IN INK OR TYPE IN ALL INFORMATION. MAKE SURE DISCLOSURE IS SIGNED ABOVE.

Form fields for personal information: FIRST, MIDDLE, LAST, SOCIAL SECURITY #, BIRTHDATE, CURRENT STREET ADDRESS, POST OFFICE BOX, CITY, STATE, ZIPCODE, DRIVER LICENSE NUMBER, STATE.

OTHER NAMES USED IN PREVIOUS 7 YEARS

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

PLEASE PROVIDE CITY, COUNTY, STATE AND ZIPCODE FOR YOUR RESIDENCES IN THE PAST SEVEN (7) YEARS.

BEGIN WITH YOUR MOST RECENT, CURRENT ADDRESS

Table with 4 columns: CITY, COUNTY, ZIP, DATES. Contains handwritten entries for Brooklyn, Chicago, and Atlanta.



# Brooks Brothers

To: Retail Brand Alliance Inc.  
Purchasing Department  
[purchasingassociates@retailbrandalliance.com](mailto:purchasingassociates@retailbrandalliance.com)

From: Store Manager # 2164

Date:

Re: Brooks Brothers Business Card Order Form

Please print the information below:

Name: [REDACTED]
Jobtitle :
Business Address:
Business Telephone number:
Business Facsimile number:
E-mail Address:

Please email to: [purchasingassociates@retailbrandalliance.com](mailto:purchasingassociates@retailbrandalliance.com)  
or fax requests to: (860) 253-4463

*\*Please note that business cards will be shipped within two-three weeks from the time requested.*

## PSA Monthly Touch base

Name: [REDACTED]

Date of Last Touch base: \_\_\_\_\_

Associate Number: [REDACTED]

Date of Current Touch base: 5/27/11

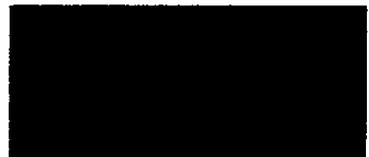
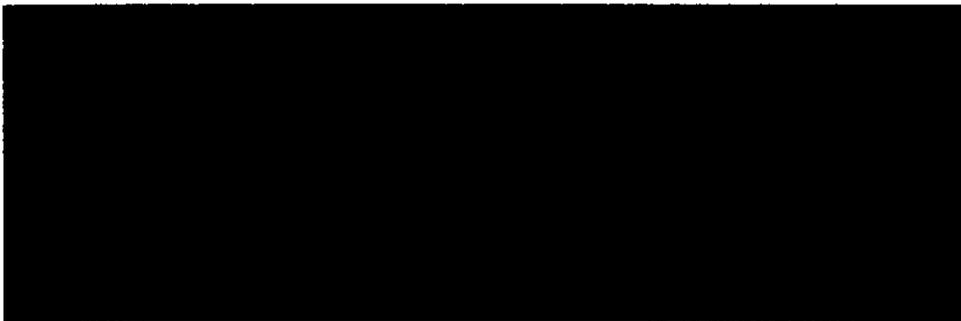


Building Relationships with the Customer	50% Weight
<ul style="list-style-type: none"> <li>Establish and maintain a regular feedback and information flow between the SA and the customer.</li> <li>Establish and maintain relationships (Thank you notes &amp; direct client)</li> <li>Identify sales opportunities (Thank you notes &amp; direct client)</li> <li>Identify sales opportunities (Thank you notes &amp; direct client)</li> <li>Identify sales opportunities (Thank you notes &amp; direct client)</li> <li>Identify sales opportunities (Thank you notes &amp; direct client)</li> <li>Identify sales opportunities (Thank you notes &amp; direct client)</li> <li>Identify sales opportunities (Thank you notes &amp; direct client)</li> <li>Identify sales opportunities (Thank you notes &amp; direct client)</li> <li>Identify sales opportunities (Thank you notes &amp; direct client)</li> </ul>	

Rate each section 2, 3, 4, or 5			
Q1	Q2	Q3	Q4

Building Relationships with the Customer	50% Weight
<ul style="list-style-type: none"> <li>Establish and maintain a regular feedback and information flow between the SA and the customer.</li> <li>Establish and maintain relationships (Thank you notes &amp; direct client)</li> <li>Identify sales opportunities (Thank you notes &amp; direct client)</li> <li>Identify sales opportunities (Thank you notes &amp; direct client)</li> <li>Identify sales opportunities (Thank you notes &amp; direct client)</li> <li>Identify sales opportunities (Thank you notes &amp; direct client)</li> <li>Identify sales opportunities (Thank you notes &amp; direct client)</li> <li>Identify sales opportunities (Thank you notes &amp; direct client)</li> <li>Identify sales opportunities (Thank you notes &amp; direct client)</li> <li>Identify sales opportunities (Thank you notes &amp; direct client)</li> </ul>	

Rate each section 2, 3, 4, or 5			
Q1	Q2	Q3	Q4



**V: Summary, Commitments, & Next Steps**

[REDACTED] sales performance has been steady & consistent. She demonstrates an understanding of customer service with each client, maintaining professionalism & thoughtfulness. She maintains a solid clientele by reaching out to her clients regularly (via thank you notes, phone calls, etc) on upcoming promotions & sales events. Her opportunity for improvement is to remain consistent in her overall sales performances and maintain a proportionate balance between selling and non-selling duties. She has made improvement in holding her peers accountable with feedback, however she needs to consistently hold herself accountable to finding solutions to problems before presenting them to management.

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Associate Signature & Date: [REDACTED]

Manager Signature & Date: [Signature]

Overall Rating			
Q1	Q2	Q3	Q4
0	0	3	0

Expectations	August	September	October	November	December	January	February	March	April	May	June	July
Credit Cards												
Quarterly CC												
Thank You									2018			
Search %									22%			
Apps												
Client Entries												
C-SAT Response #												
Store Sales									\$224,527			
% to Bonus Plan									0%			
Target Sales									\$227,452			
% to Target									11%			



Associate Name & Date:

Manager Name & Date:

*J / 27 / 11*

BROOKS BROTHERS

JOB #766

DATE TIME 3/31 07:24

TO/FROM 860 741 6285 EC--S

MODE MIN/SEC 00'53"

PGS 001

STATUS OK

**FULL - TIME FLEXIBLE BENEFITS and PART-TIME PLUS (Retail Only)**

RETAIL BRAND ALLIANCE, INC. / BROOKS BROTHERS

People Services

P.O. Box 1700

Enfield, CT 06083-1700

This form must be completed and sent:

By the date specified in the Annual Enrollment package.

Within 31 days of the following events:

The Date you are hired full time.

The Date you experience a family status change.

The Date you transfer employment status.

FAX: (860) 741-6285 or (860) 741-3171

HOME OFFICE USE ONLY

Date Received \_\_\_\_\_

Effective Date \_\_\_\_\_

SECTION A ASSOCIATE INFORMATION (Complete ALL of section A)  Check here if this is updated contact information

Name (Last, First, MI) \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Hire \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_ Home Phone # \_\_\_\_\_

Employer ID # \_\_\_\_\_

SECTION B HEALTH BENEFIT PLAN CHOICE (You may only select one PPO Choice Plan/Flex/FSA)

Medical Plan / One:  High PPO Choice Plan/Flex/FSA

Option 1: Low PPO Choice Plan/Flex/FSA

Option 2: EPO

Option 3: (HMO) Name of HMO \_\_\_\_\_

Option 4: Complete Section C (PPO # or name)

SECTION C FAMILY INFORMATION (List all family members to be covered including yourself)

Relationship: SELF

Medical Coverage:  Yes  No

Medical Plan / One:  Option 1: (Basic Plan)

Option 2: (Treatment/PPPO)

Option 3: (HMO)

Option 4: Complete Section C (PPO # or name)

SECTION D ASSOCIATE LIFE/ADAM (One)

Option 1: 1x pay

Option 2: 2x pay

Option 3: 3x pay

SECTION E SHORT TERM DISABILITY (Hourly Associates Complete)

I elect coverage

SECTION F ASSOCIATE LIFE/ADAM (One)

Option 1: \$50,000

Option 2: \$100,000

Option 3: \$200,000

Option 4: \$300,000

SECTION G FLEXIBLE SPENDING ACCOUNT

HEALTHCARE SPENDING ACCOUNT

I Decline Coverage

Elect Coverage \$ \_\_\_\_\_ Weekly Election Amount (through the end of year)

DEPENDENT CARE SPENDING ACCOUNT

I Decline Coverage

Elect Coverage \$ \_\_\_\_\_ Election Annual Amount (through the end of year)

SECTION H LOW TERM DISABILITY (Hourly Associates Only)

I Decline Coverage

Option 1: (40%) (max \$10,000)

Option 2: (50%) (max \$12,500)

Option 3: (60%) (max \$15,000)

SECTION I STATUS CHANGE (Complete this section when requesting a change)

Part Time to Full Time

Full Time Plus to Full Time

Full Time to Part Time Plus

Marriage

Divorce

Death of spouse/dependent

Spouse beginning/ending job/benefits

Other

Signature: \_\_\_\_\_ Date: 03/30/11

Print Copy, Benefits Department Print Copy, Associate for verification purposes

White Copy, Benefits Department

Print Copy, Associate for verification purposes

**FULL - TIME FLEXIBLE BENEFITS and PART-TIME PLUS (Retail Only)**  
**RETAIL BRAND ALLIANCE, INC. / BROOKS BROTHERS**  
 People Services  
 P.O. Box 1700  
 Enfield, CT 06083-1700

**This form must be completed and sent:**  
 By the date specified in the Annual Enrollment package.  
 Within 31 days of the following events:  
 The Date you are hired full time.  
 The Date you experience a family status change.  
 The Date you transfer employment status.  
**FAX: (860) 741-6285 or (860) 741-3171**

HOME OFFICE USE ONLY  
 Date Received \_\_\_\_\_  
 Effective Date \_\_\_\_\_

**SECTION A ASSOCIATE INFORMATION (Complete ALL of section A)**  Check here if this is updated contact information

Name (Last, First, MI) \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Address (Street, City, State, Zip) \_\_\_\_\_  
 Store # 6164 Date of Hire \_\_\_\_\_ Reason for Application  Hire (due 31 days from DOH)  
 Home Phone # \_\_\_\_\_  Status Change (Complete Section J)  
 Annual Enrollment (due by Nov. 22, 2010)

**SECTION B HEALTH BENEFIT (PART TIME PLUS ONLY eligible for Low PPO Choice Plus/Freedom)**

**MEDICAL PLAN**  One:  
 Decline Coverage  
 Option 1 HIGH PPO Choice Plus/Freedom  
 Option 2 LOW PPO Choice Plus/Freedom  
 Option 3 EPO  
 Option 4 (HMO) Name of HMO \_\_\_\_\_  
 Options 3 & 4 Complete Section C (PCP # or name) \_\_\_\_\_

**MEDICAL COVERAGE**  One:  
 Associate  
 Associate Plus Child  
 Associate Plus Spouse  
 Associate Plus Children  
 Family

**DENTAL PLAN**  One:  
 Decline Coverage  
 Option 1 (Basic Plan)  
 Option 2a (Traditional/DPPO)  
 Option 2b (DHMO)  
 Option 2b Complete Section C (DHMO ID) \_\_\_\_\_

**DENTAL COVERAGE**  One:  
 Associate only  
 Associate plus one dependent  
 Associate plus two or more dependents

**SECTION C FAMILY INFORMATION (List all family members to be covered including yourself)**

Associate	RELATIONSHIP	Coverage		Handicap Y/N	Date of Birth	Sex	Social Security Number	Medical HMO or EPO Primary Care Physician ID # or Name	Dental DHMO ID
		Medical	Dental						
(Last, First, MI)	SELF	Y	Y	N					
Dependent 1									
Dependent 2									
Dependent 3									
Dependent 4									

If more space is needed, use back of this white form  
 Do you or any of your dependents have coverage under any other medical plan?  Yes  No If yes, please complete:  
 Are you or any of your dependents eligible to participate in a medical or dental plan of their employer?  Yes  No  
 Are any children listed above eligible to participate in a medical or dental plan of their employer?  Yes  No

Name of Spouse/Dependent \_\_\_\_\_ Employer Name \_\_\_\_\_ Insurance Co. Name \_\_\_\_\_  
 Individual or Family Membership \_\_\_\_\_

**SECTION D ASSOCIATE LIFE/AD&D (Choose One)**

Option 1 1x pay  Option 4 4x pay  
 Option 2 2x pay  Option 5 5x pay  
 Option 3 3x pay

**SECTION E SPOUSE LIFE (Choose One - CAN BE NO MORE THAN 1/2 OF ASSOCIATE COVERAGE)**

Decline Coverage  Option 3 \$15,000  
 Option 1 \$5,000  Option 4 \$20,000  
 Option 2 \$10,000  Option 5 \$30,000

**SECTION G SHORT TERM DISABILITY (Hourly Associates Complete)**

Hourly Associates  Elect coverage  
 Salaried Associates  Decline Coverage  
 \* Salaried Associates automatically enrolled

**SECTION H LONG TERM DISABILITY (100% Associates Paid)**

Decline Coverage  
 Option 1 (40%) (max \$10,000)  
 Option 2 (50%) (max \$12,500)  
 Option 3 (60%) (max \$15,000)

**SECTION I FLEXIBLE SPENDING ACCOUNT**

HEALTHCARE SPENDING ACCOUNT  
 Decline Coverage  
 Elect Coverage \$ \_\_\_\_\_ Weekly Election Amount (through the end of year)

DEPENDENT CARE SPENDING ACCOUNT  
 Decline Coverage \$ \_\_\_\_\_ Election Annual Amount (through the end of year)

**SECTION F CHILD LIFE (Choose One)**

Decline Coverage  Option 2 (\$5,000)  
 Option 1 (\$2,000)  Option 3 (\$10,000)

**VISION**  
 Decline coverage  
 Associate  
 Associate + Child(ren)  
 Associate + Spouse  
 Family

**SECTION J STATUS CHANGE (Complete this section when requesting a change)**

I request a change in coverage due to the following status change (Choose one): \* Supporting documentation required

Date of Event \_\_\_\_\_

Part Time to Full Time  Divorce  
 Part Time Plus to Full Time  Birth/Adoption  
 Full Time to Part Time Plus  Death of spouse/dependent  
 Marriage  Spouse beginning/ending job/benefits  
 Supporting documentation required  Other \_\_\_\_\_

**BENEFICIARY FOR ASSOCIATE LIFE INSURANCE (PRIMARY & CONTINGENT)**

% \_\_\_\_\_ NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ DOB \_\_\_\_\_

I hereby certify that the information supplied above is true to the best of my knowledge and that I have received and read the benefits materials described in my Employer's current announcement. I desire the coverage as indicated and intend the above-stated elections to remain in effect until written notice to the Plan Administrator, in accordance with the terms of the Plan. I authorize my Employer to deduct from my pay my contribution (if any) to the cost of such coverage. I am aware if I leave the company that my benefits will last until the end of the month in which my last day worked in and that deductions will be taken out of my last check to cover any deductions that are needed. Further, I hereby authorize any provider of health services (or any other agency or entity) to provide, upon request, any information concerning the health, conditions or treatment of any covered person whenever such information is considered necessary to deliver medical care, the proper disposition of a claim submitted for payment, medical management or in fulfillment of obligations imposed by State or Federal Law.

Signature: \_\_\_\_\_ Date: 03/16/11  
 Revised 10-10-10 \_\_\_\_\_ White Copy: Benefits Department Pink Copy: Associate for verification purposes

BROOKS BROTHERS

JOB #765

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	STATUS
001	3/31 07:23	+8602534476	EC--S	00' 23"	003	OK

TO: PAYROLL DEPARTMENT  
 RE: DIRECT DEPOSIT

**INSTRUCTIONS:**

1. Complete "Associate Section".
2. Have a bank representative complete the "Bank Section".
3. Attach a voided checking account check to the form.
4. Submit the completed form to the Payroll Department.

**NOTE:**

A TWO WEEK WAITING PERIOD is necessary to set you up on Direct Deposit (EFT). You will receive a hard check during that waiting period. UPON RECEIPT OF YOUR FIRST EFT STUB, PLEASE CONFIRM WITH YOUR BANK THAT THIS DEPOSIT HAS BEEN MADE. *CONFIRMATION OF WEEKLY DEPOSITS SHOULD BE MADE PRIOR TO USE OF THE FUNDS.* A change of banks also requires a two-week waiting period. Upon separation from the company, your final paycheck will be a hard check rather than a direct deposit.

**ASSOCIATE SECTION**

Associate Name: \_\_\_\_\_  
 Associate ID Number: \_\_\_\_\_  
 Store Number: 6164

Corrections: If my account is credited with an incorrect amount, you are permitted to correct the error with an electronic debit or by paper entry.

Associate Signature: \_\_\_\_\_

**BANK SECTION:**

Bank Name: \_\_\_\_\_

Bank Routing Number (9 digits): \_\_\_\_\_

Checking/Savings Account Name(s): \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

OR

Savings Account Number: \_\_\_\_\_

Bank Contact (Name & Phone Number): \_\_\_\_\_

**Please fax this form to the Payroll Department at 860-253-4476 as electronic submission is not available at this time.**

BROOKS BROTHERS

JOB #764

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	STATUS
001	3/31 07:18	+8602534476	EC--S	00' 18"	002	OK

TO: PAYROLL DEPARTMENT  
RE: DIRECT DEPOSIT

**INSTRUCTIONS:**

1. Complete "Associate Section".
2. Have a bank representative complete the "Bank Section".
3. Attach a voided checking account check to the form.
4. Submit the completed form to the Payroll Department.

**NOTE:**

A TWO WEEK WAITING PERIOD is necessary to set you up on Direct Deposit (EFT). You will receive a hard check during that waiting period. UPON RECEIPT OF YOUR FIRST EFT STUB, PLEASE CONFIRM WITH YOUR BANK THAT THIS DEPOSIT HAS BEEN MADE. CONFIRMATION OF WEEKLY DEPOSITS SHOULD BE MADE PRIOR TO USE OF THE FUNDS. A change of banks also requires a two-week waiting period. Upon separation from the company, your final paycheck will be a hard check rather than a direct deposit.

**ASSOCIATE SECTION:**

Associate Name: \_\_\_\_\_  
 Associate ID Number: \_\_\_\_\_  
 Store Number: 0164 \_\_\_\_\_

Corrections: If my account is credited with an incorrect amount, you are permitted to correct the error with an electronic debit or by paper entry.

Associate Signature: \_\_\_\_\_

**BANK SECTION:**

Bank Name: \_\_\_\_\_

Bank Routing Number (9 digits): \_\_\_\_\_

Checking/Savings Account Name(s): \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

OR

Savings Account Number: \_\_\_\_\_

Bank Contact (Name & Phone Number): \_\_\_\_\_

Rev. 1/10

Please fax this form to the Payroll Department at 860-253-4476 as electronic submission is not available at this time.

C:\Documents and Settings\ddecaro\Local Settings\Temporary Internet Files\OLKSI\DirectDeposit.doc

remain in effect until I give written notice to cancel it.

\_\_\_\_\_  
Employee Signature

3/26/11  
Date

Employee: If there are any questions, please call: MARYELLEN QUINLAN  
Chase Banker(212) 535-9755

TO: PAYROLL DEPARTMENT  
RE: DIRECT DEPOSIT

**INSTRUCTIONS:**

1. Complete "Associate Section".
2. Have a bank representative complete the "Bank Section".
3. Attach a voided checking account check to the form.
4. Submit the completed form to the Payroll Department.

**NOTE:**

A TWO WEEK WAITING PERIOD is necessary to set you up on Direct Deposit (EFT). You will receive a hard check during that waiting period. UPON RECEIPT OF YOUR FIRST EFT STUB, PLEASE CONFIRM WITH YOUR BANK THAT THIS DEPOSIT HAS BEEN MADE. *CONFIRMATION OF WEEKLY DEPOSITS SHOULD BE MADE PRIOR TO USE OF THE FUNDS.* A change of banks also requires a two-week waiting period. Upon separation from the company, your final paycheck will be a hard check rather than a direct deposit.

**ASSOCIATE SECTION:**

Associate Name: \_\_\_\_\_  
Associate ID Number: \_\_\_\_\_  
Store Number: 6164

Corrections: If my account is credited with an incorrect amount, you are permitted to correct the error with an electronic debit or by paper entry.

Associate Signature: \_\_\_\_\_

**BANK SECTION:**

Bank Name: \_\_\_\_\_

Bank Routing Number (9 digits): \_\_\_\_\_

Checking/Savings Account Name(s): \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

OR

Savings Account Number: \_\_\_\_\_

Bank Contact (Name & Phone Number): \_\_\_\_\_

**Please fax this form to the Payroll Department at 860-253-4476 as electronic submission is not available at this time.**



# Direct Deposit Set-Up Form

## EMPLOYEE INFORMATION

Employee

[Redacted]

Address

[Redacted]

City

[Redacted]

State

[Redacted]

Zip

[Redacted]

Company Employee ID

## ACCOUNT INFORMATION

Chase routing number

[Redacted]

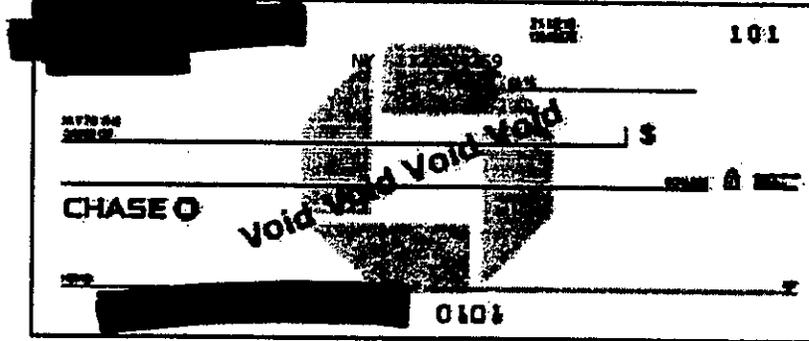
Account number

[Redacted]

Deposit To:

Checking

Savings



## EMPLOYEE AGREEMENT

I authorize Brooks Brothers to automatically deposit my payroll check into my account listed above. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

[Redacted Signature]

3/26/11  
Date

Employee: If there are any questions, please call: MARYELLEN QUINLAN  
Chase Banker(212) 535-9755



# Direct Deposit Set-Up Form

## EMPLOYEE INFORMATION

Employee

[Redacted]

Address

[Redacted]

City

[Redacted]

State

[Redacted]

Zip

[Redacted]

Company Employee ID

## ACCOUNT INFORMATION

Chase routing number

[Redacted]

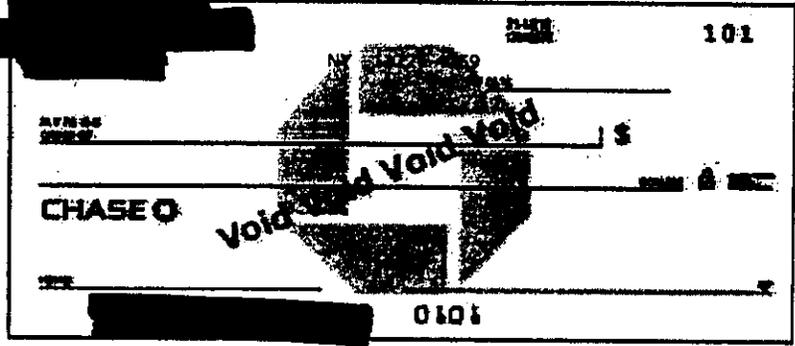
Account number

[Redacted]

Deposit To:

Checking

Savings



## EMPLOYEE AGREEMENT

I authorize Brooks Brothers to automatically deposit my payroll check into my account listed above. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

[Redacted Signature] \_\_\_\_\_  
Employee Signature

3/26/11 \_\_\_\_\_  
Date

Employee: If there are any questions, please call: MARYELLEN QUINLAN  
Chase Banker (212) 535-9755



TO: PAYROLL DEPARTMENT  
RE: DIRECT DEPOSIT

**INSTRUCTIONS:**

1. Complete "Associate Section".
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3. Attach a voided checking account check to the form.
4. Submit the completed form to the Payroll Department.

**NOTE:**

A TWO WEEK WAITING PERIOD is necessary to set you up on Direct Deposit (EFT). You will receive a hard check during that waiting period. UPON RECEIPT OF YOUR FIRST EFT STUB, PLEASE CONFIRM WITH YOUR BANK THAT THIS DEPOSIT HAS BEEN MADE. *CONFIRMATION OF WEEKLY DEPOSITS SHOULD BE MADE PRIOR TO USE OF THE FUNDS.* A change of banks also requires a two-week waiting period. Upon separation from the company, your final paycheck will be a hard check rather than a direct deposit.

**ASSOCIATE SECTION:**

Associate Name: \_\_\_\_\_  
Associate ID Number: \_\_\_\_\_  
Store Number: 0104

Corrections: If my account is credited with an incorrect amount, you are permitted to correct the error with an electronic debit or by paper entry.

Associate Signature: \_\_\_\_\_

**BANK SECTION:**

Bank Name: \_\_\_\_\_

Bank Routing Number (9 digits): \_\_\_\_\_

Checking/Savings Account Name(s): \_\_\_\_\_

Checking Account Number: \_\_\_\_\_  
OR

Savings Account Number: \_\_\_\_\_

Bank Contact (Name & Phone Number): \_\_\_\_\_

**Please fax this form to the Payroll Department at 860-253-4476 as electronic submission is not available at this time.**



# Direct Deposit Set-Up Form

## EMPLOYEE INFORMATION

Employee

[Redacted]

Address

[Redacted]

City

[Redacted]

State

[Redacted]

Zip

[Redacted]

Company Employee ID

## ACCOUNT INFORMATION

Chase routing number

[Redacted]

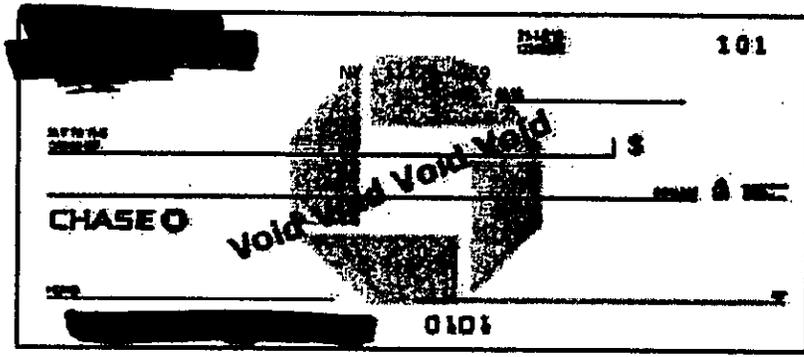
Account number

[Redacted]

Deposit To:

Checking

Savings



## EMPLOYEE AGREEMENT

I authorize Brooks Brothers to automatically deposit my payroll check into my account listed above. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

[Redacted Signature]  
Employee Signature

3/20/11  
Date

Employee: If there are any questions, please call: MARYELLEN QUINLAN  
Chase Banker (212) 535-9755



# Direct Deposit Set-Up Form

## EMPLOYEE INFORMATION

Employee

[Redacted]

Address

[Redacted]

City

[Redacted]

State

[Redacted]

Zip

[Redacted]

Company Employee ID

## ACCOUNT INFORMATION

Chase routing number

[Redacted]

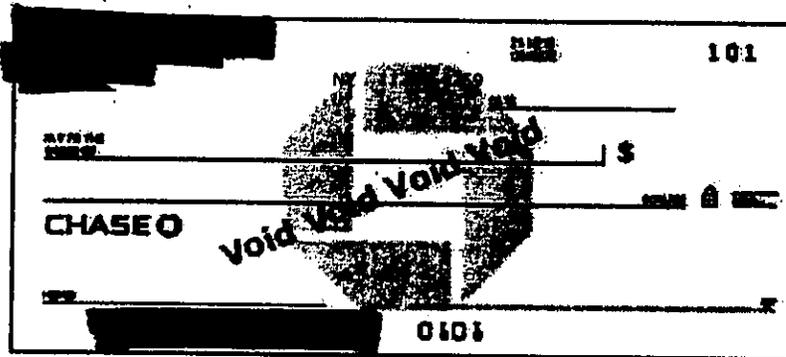
Account number

[Redacted]

Deposit To:

Checking

Savings



## EMPLOYEE AGREEMENT

I authorize Brooks Brothers to automatically deposit my payroll check into my account listed above. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Employee Signature

[Redacted Signature]

Date

3/26/11

Employee: If there are any questions, please call: MARYELLEN QUINLAN  
Chase Banker (212) 535-9755

Brooks Brothers  
SALES ASSOCIATE REFERENCE INQUIRY GUIDE

Created 06/04

Reference for: Sereva Simpson Completed by: R. WILKIN Date: \_\_\_\_\_

<input type="checkbox"/> When completing the interview steps, this is placed with the application.  <input type="checkbox"/> If hired, this guide is placed with the application in the Confidential History File.	<b>REFERENCE 1:</b> Person called: _____ Title: _____ Company: _____ Phone: _____ Date: _____	<b>REFERENCE 2:</b> Person called: _____ Title: _____ Company: _____ Phone: _____ Date: _____	<b>REFERENCE 3:</b> Person called: _____ Title: _____ Company: _____ Phone: _____ Date: _____
--	--	--	--

**EXPERIENCE:**

- ◆ How long have you known \_\_\_\_\_ and in what capacity?
- ◆ What were \_\_\_\_\_ strengths / weaknesses in the capacity in which he/she worked for you?
- ◆ Why did \_\_\_\_\_ leave your company?

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**LEADERSHIP SKILLS:**

- ◆ Tell me about a time when \_\_\_\_\_ developed an initiative to enhance a Company policy. How effective was he/she?
- ◆ Tell me a time when you had \_\_\_\_\_ act in a leadership capacity. What was the result?
- ◆ Give me an example of a time \_\_\_\_\_ took responsibility for a mistake. How did he/she handle it?

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**CUSTOMER SERVICE:**

- ◆ Give an example of a time when \_\_\_\_\_ demonstrated interest or concern for a client's well being that resulted in a lasting sales relationship.
- ◆ Tell me a time when \_\_\_\_\_ handled a difficult customer request. What was the result?
- ◆ Describe \_\_\_\_\_'s ability to handle multiple customers at one time and make each feel special.
- ◆ Describe \_\_\_\_\_'s customer service strengths.

**TECHNICAL SKILLS:**

- ◆ What responsibility did \_\_\_\_\_ have in training new Associates?
- ◆ Describe \_\_\_\_\_ ability to utilize product knowledge when selling to a customer.
- ◆ Tell me a time \_\_\_\_\_ didn't comply with Company policy. Why? What was the result?

**PERSONAL ATTRIBUTES:**

- ◆ Tell me about a time when \_\_\_\_\_ took initiative.
- ◆ How did \_\_\_\_\_'s selling behaviors impact the rest of the team?
- ◆ How did \_\_\_\_\_ achieve desired sales results?
- ◆ At any time during your working relationship did you question \_\_\_\_\_'s integrity?

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**EMPLOYMENT APPLICATION**

# RETAIL BRAND ALLIANCE

ADRIENNE VITTADINI BROOKS BROTHERS CAROLEE

100 Phoenix Avenue, P.O. Box 1700  
Enfield, CT 06083-1700

**PERSONAL INFORMATION**

Date of Application <i>12/17/10</i>		Position Applying For		Other positions for which you are qualified:	
Last Name <i>Simpson</i>		First Name <i>Serena</i>		Middle Name <i>Renae</i>	
Present Street Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	How long have you live there? Yr.      Mo.
Prior Street Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	How long did you live there? Yr.      Mo.
Daytime Phone [REDACTED]	Evening Phone ( )	Social Security Number [REDACTED]		Do you have a reliable means of transportation Yes <input type="checkbox"/> No <input type="checkbox"/>	
E-mail [REDACTED]	When can you start?	Schedule desired: <input type="checkbox"/> Full Time Days <input type="checkbox"/> Full Time Evenings	<input type="checkbox"/> Part Time Days <input type="checkbox"/> Part Time Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Seasonal	Company/Division Applying To: <input type="checkbox"/> Adrienne Vittadini <input type="checkbox"/> Carolee <input checked="" type="checkbox"/> Brooks Brothers	

**MISCELLANEOUS INFORMATION**

List all friends and relatives currently working for us and their location. <i>Ulrichian Ave # 6654</i>	Will you now or in the future require sponsorship for a visa? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please give details. A prior conviction will not automatically disqualify you from employment. <small>In the state of California only, if you were convicted of unlawful possession and/or transport of marijuana per subdivision (a) or (b) of Section 11361.5 of California's Health and Safety Code, more than two years before the date of completion of this application, you may answer no to this question.</small>
How were you referred to us? <i>current employer</i>	Have you undergone a name change that would hinder our ability to check your previous work history. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please explain.	
Have you ever worked for: <input type="checkbox"/> Adrienne Vittadini <input type="checkbox"/> August Max <input type="checkbox"/> August Max Women <input type="checkbox"/> Brooks Brothers <input type="checkbox"/> Capezia If yes, please explain:	<input type="checkbox"/> Caren Charles <input type="checkbox"/> Career Image <input type="checkbox"/> Career Image Company Store <input type="checkbox"/> Carolee Designs <input type="checkbox"/> Casual Corner	<input type="checkbox"/> Casual Corner Outlet/Annex <input type="checkbox"/> Casual Corner Women Outlet/Annex <input type="checkbox"/> Lenscrafters <input type="checkbox"/> Pappagallo <input type="checkbox"/> Petite Sophisticate <input type="checkbox"/> Petite Sophisticate Outlet/Annex <input type="checkbox"/> Sunglass Hut <input type="checkbox"/> Ups & Downs <input type="checkbox"/> U.S. Shoe <input type="checkbox"/> Watch World/Watch Station <input type="checkbox"/> None

**WORK HISTORY**

LIST YOUR PREVIOUS EXPERIENCE BEGINNING WITH YOUR MOST RECENT POSITION (Including Military Service, if applicable)					
Start Date	Employer Name	Starting Position	Starting Salary	Major Duties	
<i>12/1/10</i>	<i>Brooks Bros</i>	<i>Sales associate</i>	<i>\$ 11/hr + comm</i>		
<i>1/1/11</i>	<i>713 Michigan Ave Chicago</i>	<i>Chicago</i>	<i>\$ 12/hr + comm 7%</i>		
List Three Management References:	1) Name/Title      Phone	2) Name/Title      Phone	3) Name/Title      Phone	Reason for leaving	
<i>1/1/11</i>	<i>Crew</i>	<i>Sales ass/merchassist</i>	<i>\$ 14/hr + comm</i>		
<i>1/1/11</i>	<i>99 Prince St NY</i>	<i>personal shopper</i>	<i>\$</i>		
List Three Management References:	1) Name/Title      Phone	2) Name/Title      Phone	3) Name/Title      Phone	Reason for leaving	
<i>1/1/11</i>	<i>Pullman Chase</i>	<i>personal banker</i>	<i>\$</i>		
<i>1/1/11</i>	<i>635 Hudson</i>	<i>personal banker</i>	<i>\$</i>		
List Three Management References:	1) Name/Title      Phone	2) Name/Title      Phone	3) Name/Title      Phone	Reason for leaving	

### WORK HISTORY

Start Date / /	Employer Name	Starting Position	Starting Salary \$	Major Duties
Date Left / /	Address	Final Position	Current Salary \$	
List Three Management References:	1) Name/Title    Phone	2) Name/Title    Phone	3) Name/Title    Phone	Reason for leaving

In the past seven years have you been asked to leave the employ of any employer listed or not listed on this application? Yes  No

### EDUCATION AND TRAINING

Type of School	Name and Address of School	Highest Grade Comp	Course of Study	Did you Graduate?	List Diploma or Degree
High School	Wain School of Chicago	9 10 11 12 <input checked="" type="checkbox"/>		Yes No	
College	U.I. DePaul University B.T. Spawman College	13 14 15 16	Writing English	<input checked="" type="checkbox"/> Yes No	B.T. English
Other (Specify)	Series 6 Series 63 IL Life & Health Ins	17 18 19 20		Yes No	
Business or Trade		1 2 3 4		Yes No	

### SPECIAL SKILLS

<input type="checkbox"/> Typing ( _____ WPM)	<input type="checkbox"/> Computers (List Programs you know)
<input type="checkbox"/> Word Processing Equipment/Programs	<input type="checkbox"/> Other Skills

### AVAILABILITY - (Hours Available For Work)

Days of the Week	From Time:	To Time:	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

I am aware that frequent absences in violation of the Attendance Policy can create a hardship for coworkers and the Company. I am also aware that compliance with the Attendance Policy is an essential function of the job I am seeking. If hired, I can comply with the policy with or without reasonable accommodation. Yes  No

### DRUG FREE WORK PLACE

Retail Brand Alliance is a Drug-Free Company. As required by our Drug-Free Work Place Policy, all prospective Associates are required to take a drug test prior to being hired with the Company. A summary of this policy is described below.

***If you currently use illegal drugs or abuse legal drugs, you will not be hired.***

#### SCOPE OF POLICY

This policy applies to all Applicants and Associates of Retail Brand Alliance.

#### POLICY VIOLATIONS

The Company feels strongly that drug use in the work place can undermine individual job performance, the security of other Associates and the Company's business. As a result, the following activities are prohibited while on Company premises or while on Company business:

- Using or having detectable levels of illegal drugs in your system or abuse of any drug, controlled substance or chemical.
- Using prescription drugs for any purpose other than as prescribed or by anyone other than the person to whom prescribed.
- The purchase, sale, transfer, possession, manufacture, or distribution of illegal drugs, controlled substances or chemicals.

Engaging in any of these activities will result in disciplinary action, up to and including termination.

#### DRUG TESTING

The Company reserves the right to test applicants and in certain situations test Associates for evidence of substance abuse. Test will screen for abuse of compounds including, but not limited to the following:

- Amphetamines
- Barbiturates
- Propoxyphene

- Cocaine
- Codeine
- Methadone

- Methaqualone
- Morphine
- Benzodiazepines

- Marijuana
- Phencyclidine (PCP)

- Offers of employment will only be made upon successfully passing a Urinalysis Test \*(See exceptions listed in the acknowledgement and consent section of this form).
- No applicant may be considered for regular employment who has not signed the Drug Screening Consent and Release Form.

#### EMPLOYMENT DOCUMENTS

If the Company offers you a position, you will be asked to sign several documents relative to your employment. We have reproduced some of those documents here, along with a brief description for your information only. Should the Company offer you a position and you refuse to sign these documents, the offer of employment will be withdrawn.

#### PLEASE READ EACH STATEMENT CAREFULLY

As you probably know, we generally check references offered by employment applicants, and may go to suitable sources for additional information. Our objective is to obtain information on ability, previous job performance, character and reputation, for the sole purpose of considering you for employment. The state of Maryland, public law 91-508 requires us to tell you this. On your written request, additional information on the nature and scope of inquiries, if any are made, will be provided.

I certify that the information that I have provided on my application, resume, given verbally, or provided on any other material, is true to the best of my knowledge and understand that falsification and/or omission of this information may result in dismissal in accordance with Company Policy. The Company in considering my application for employment may verify the information set forth on this application with exception to any disclosure of disability and/or medical information as prohibited by the ADA. I agree that, before and, in the event that I am hired, at any time during my employment, the Company, in its discretion, may investigate my employment history, education, financial integrity, credit worthiness, and any other aspect of my background and confirm that I have no prior criminal record. For this purpose, I specifically hereby authorize the Company to obtain such credit reports, background checks and other information as may be useful.

In accepting employment, I acknowledge that the policies, benefits, and other programs listed in the benefits booklet and policy manuals do not infer or imply a contract of employment between the Company and myself. I realize that the aforementioned benefits, policies and programs are provided at company discretion and may be changed or eliminated at any time. In consideration of employment, I agree to conform to the rules and regulations of the Company, I also realize that employment is considered to be "at will", during which time my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Company or myself. Furthermore, I understand that Retail Brand Alliance does not enter into contracts of employment with its Associates except in writing signed by an Officer of the Company. I also affirm that I have not signed any kind of restrictive document, creating any obligation to any former employer that would restrict my acceptance of employment with Retail Brand Alliance.

#### MARYLAND LIE DETECTOR LAW

Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

#### MASSACHUSETTS LIE DETECTOR LAW

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer that violates this law shall be subject to criminal penalties and civil liability."

#### ACKNOWLEDGMENT AND CONSENT

##### ACKNOWLEDGEMENT

I hereby acknowledge that I have read and understand all statements made on this application.

##### PRE-EMPLOYMENT AND POST-EMPLOYMENT DRUG SCREENING CONSENT.

I hereby give my voluntary consent for a urine sample to be collected from me and submitted for a drug or controlled substance abuse screening test. I understand that any positive result from such test will preclude my being offered employment (if an applicant) or terminate my continued employment (if current Associate). Further, I understand my failure to execute this voluntary consent will result in my not being further considered for employment (if an applicant).

I hereby consent, if I am an applicant, to the release of the test results to those Company officials who make employment decisions for the Company. Further, if a current Associate, I give my consent for the release of test results to the appropriate Company officials for the determination of continued employment.

##### STATE EXCEPTIONS TO THE POLICY INCLUDE:

If you reside in Maine, Minnesota, Oklahoma, Rhode Island and Vermont, please read the following.

I understand that I will be given an offer of employment prior to submitting to the required pre-employment substance abuse screening test. I further understand that I cannot and will not be hired until I have SUCCESSFULLY completed a pre-employment substance test. I understand I will be given advance written notice of this requirement. I understand that the substances that I will be tested for include but are not limited to those indicated on the top of this page.

NAME (Please print) Serenca Simpson

Date 12/17/10

SIN# 2137  
FORM# 670-9  
REV 9/06

Signature: Serenca Simpson

# **Union Exhibit 47**

**EMPLOYMENT APPLICATION**

# RETAIL BRAND ALLIANCE INC.

ADRIENNE VITTADINI

CAROLEE

CASUAL CORNER GROUP

100 PHOENIX AVENUE, P.O. BOX 1700,  
ENFIELD, CONNECTICUT 06083-1700

**PERSONAL INFORMATION**

Date of Application <b>5 May 2007</b>		Position Applying For <b>Sales Assistant</b>		Other positions for which you are qualified:	
Last Name <b>Hix</b>		First Name <b>Charles</b>		Middle Name <b>Michael</b>	
Present Street Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	How long have you lived there? <b>(A.) 1 Mo.</b>
Prior Street Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	How long did you live there? <b>(Yr) 8 Mo.</b>
Daytime Phone [REDACTED]	Evening Phone [REDACTED]	Social Security Number [REDACTED]		Do you have a reliable means of transportation? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
E-mail Address [REDACTED]		Schedule desired: Full Time Days <input checked="" type="checkbox"/> Full Time Evenings <input checked="" type="checkbox"/>		Part Time Days <input type="checkbox"/> Part Time Evenings <input type="checkbox"/> Weekends <input type="checkbox"/>	When can you start? <b>June 1</b>

**MISCELLANEOUS INFORMATION**

List all friends and relatives currently working for us and their location.		Have you ever been convicted of a crime in the last ten years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please give details. A prior conviction will not automatically disqualify you from employment.																									
How were you referred to us? <b>Personal preference</b>		Have you undergone a name change that would hinder our ability to check your previous work history? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please explain.																									
Have you ever worked for: <table border="0" style="width:100%"> <tr> <td>Casual Corner <input type="checkbox"/></td> <td>Career Image Company Store <input type="checkbox"/></td> <td>Caren Charles <input type="checkbox"/></td> </tr> <tr> <td>August Max <input type="checkbox"/></td> <td>T.H. Mandy <input type="checkbox"/></td> <td>Lenscrafters <input type="checkbox"/></td> </tr> <tr> <td>Career Image <input type="checkbox"/></td> <td>Stuart Brooks <input type="checkbox"/></td> <td>Hahn Shoes <input type="checkbox"/></td> </tr> <tr> <td>U.S. Shoe <input type="checkbox"/></td> <td>Cincinnati Shoe <input type="checkbox"/></td> <td>Petite Sophisticate <input type="checkbox"/></td> </tr> <tr> <td>Precision Lenscrafters <input type="checkbox"/></td> <td>Capezio <input type="checkbox"/></td> <td>Sophisticated Woman <input type="checkbox"/></td> </tr> <tr> <td>August Max Woman <input type="checkbox"/></td> <td>Casual Corner Outlet <input type="checkbox"/></td> <td>Casual Corner Woman Outlet <input type="checkbox"/></td> </tr> <tr> <td>Petite Sophisticate Outlet <input type="checkbox"/></td> <td>Adrienne Vittadini <input type="checkbox"/></td> <td>None <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>Carolee Design <input type="checkbox"/></td> <td></td> </tr> </table> If yes, please explain.				Casual Corner <input type="checkbox"/>	Career Image Company Store <input type="checkbox"/>	Caren Charles <input type="checkbox"/>	August Max <input type="checkbox"/>	T.H. Mandy <input type="checkbox"/>	Lenscrafters <input type="checkbox"/>	Career Image <input type="checkbox"/>	Stuart Brooks <input type="checkbox"/>	Hahn Shoes <input type="checkbox"/>	U.S. Shoe <input type="checkbox"/>	Cincinnati Shoe <input type="checkbox"/>	Petite Sophisticate <input type="checkbox"/>	Precision Lenscrafters <input type="checkbox"/>	Capezio <input type="checkbox"/>	Sophisticated Woman <input type="checkbox"/>	August Max Woman <input type="checkbox"/>	Casual Corner Outlet <input type="checkbox"/>	Casual Corner Woman Outlet <input type="checkbox"/>	Petite Sophisticate Outlet <input type="checkbox"/>	Adrienne Vittadini <input type="checkbox"/>	None <input checked="" type="checkbox"/>		Carolee Design <input type="checkbox"/>	
Casual Corner <input type="checkbox"/>	Career Image Company Store <input type="checkbox"/>	Caren Charles <input type="checkbox"/>																									
August Max <input type="checkbox"/>	T.H. Mandy <input type="checkbox"/>	Lenscrafters <input type="checkbox"/>																									
Career Image <input type="checkbox"/>	Stuart Brooks <input type="checkbox"/>	Hahn Shoes <input type="checkbox"/>																									
U.S. Shoe <input type="checkbox"/>	Cincinnati Shoe <input type="checkbox"/>	Petite Sophisticate <input type="checkbox"/>																									
Precision Lenscrafters <input type="checkbox"/>	Capezio <input type="checkbox"/>	Sophisticated Woman <input type="checkbox"/>																									
August Max Woman <input type="checkbox"/>	Casual Corner Outlet <input type="checkbox"/>	Casual Corner Woman Outlet <input type="checkbox"/>																									
Petite Sophisticate Outlet <input type="checkbox"/>	Adrienne Vittadini <input type="checkbox"/>	None <input checked="" type="checkbox"/>																									
	Carolee Design <input type="checkbox"/>																										

**WORK HISTORY**

LIST YOUR PREVIOUS EXPERIENCE BEGINNING WITH YOUR MOST RECENT POSITION (Include Military Service, if applicable):					
Start Date	Employer Name	Starting Position	Starting Salary	Major Duties:	
<b>June 2005</b>	<b>Kroger</b>	<b>Seaford Dept./Checker</b>	<b>\$ 5.50</b>	<b>- Assisting customers in seaford dept. - Running cash registers</b>	
<b>Aug. 2007</b>	<b>1840 Peckerd Blvd Peckerd TN 37394</b>	<b>Same as Above</b>	<b>\$ 5.65</b>		
List Three Management References:	1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone	Reason for Leaving <b>Return to school</b>	
Start Date	Employer Name	Starting Position	Starting Salary	Major Duties:	
/ /			\$		
Date Left	Address	Final Position	Ending Salary		
/ /			\$		
List Three Management References:	1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone	Reason for Leaving	
Start Date	Employer Name	Starting Position	Starting Salary	Major Duties:	
/ /			\$		
Date Left	Address	Final Position	Ending Salary		
/ /			\$		
List Three Management References:	1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone	Reason for Leaving	

PLEASE PRINT CLEARLY

**BROOKS BROTHERS ASSOCIATE DATA WORKSHEET**

Name [REDACTED]

Store 6171

SSN # [REDACTED]

PLEASE CHECK ONE:  New Hire  Rehire  Changes  Termination

Date format mm/dd/year	<b>RATE OF PAY:</b> Hourly rate of pay for hourly Associates;	<b>For Professional Retail Sales Positions Only</b>
Date Started / /	Annual rate of pay for salaried Associates	(On new commission plan)
Birthdate / /	Hourly Associate: \$	Training Rate: \$
Job Code	Salaried Associate: \$	New Draw Rate: \$
Commission Location #		Effective Date: / /
		(90 days from Training Date - Sunday effective Date)

**STATUS:**  Non Union  Union

<input type="checkbox"/> Salaried	<input type="checkbox"/> Long Term Contingent (More than 10 days)	<b>Union Only</b>
<input type="checkbox"/> Hourly - 30 + hrs/wkly	<input type="checkbox"/> Short Term Contingent (Less than 10 days)	<input type="checkbox"/> Union #
<input type="checkbox"/> Hourly - 20 - 29.9 hrs/wkly	<input type="checkbox"/> Holiday (October - December)	<input type="checkbox"/> Standard Hrs
<input type="checkbox"/> Hourly - <19.9 hrs/wkly		

Benefits eligible / NOT Benefits eligible

Gender  F-(Female)  M-(Male)

Veteran Status  N-(Non-Vet) /  Y-(Vet) /  V-(Vietnam Era Vet (1962-75))

Marital Status  S-(Single) /  M-(Married) /  D-(Divorced) /  W-(Widower)

Ethnic Code  1- Caucasian /  2-African American /  3-Hispanic /  4-Asian American /  5-American Indian /  6-Other

Disabled Status  Y-(Yes)  N-(No)

Disabled Vet  Y (Yes)  N-(No)

Education \_\_\_\_\_ Date Attained Degree / / Major subject \_\_\_\_\_

Hire Source \_\_\_\_\_ Primary Language \_\_\_\_\_

Drug Test Verification  Y-(Yes)  N-(No) **ALL ASSOCIATES MUST BE DRUG TESTED EXCEPT HOLIDAY AND SHORTTERM CONTINGENTS**

Street Address [REDACTED] State NY Apt # [REDACTED]

City [REDACTED] Zip Code [REDACTED]

Home Phone [REDACTED] Cell Phone [REDACTED]

**TAX INFORMATION:** Federal State SSN # - -

Tax Marital Status  S-(Single)  M-(Married)  H-(Head of Household)

# of Exemptions \_\_\_\_\_

Extra Withholding (if desired) \$ \_\_\_\_\_ County of Residence \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Last Name, First Name \_\_\_\_\_

Relationship \_\_\_\_\_ Emergency Phone ( ) - \_\_\_\_\_

**TERMINATION INFORMATION:**

Reason Code \_\_\_\_\_ Termination Date / /

PTO/Vacation Hours Due \_\_\_\_\_ Last Day Worked / /

Severance Hours Due (if any) \_\_\_\_\_ Weekly  Lump Sum  Rehire Eligibility  Y-(Yes)  N-(No)

Comments: \_\_\_\_\_

Associate Signature: \_\_\_\_\_ Date / /

First Level Signature: \_\_\_\_\_ Date / /

Second Level Signature: \_\_\_\_\_ Date / /

ATTN: KAKEN

PLEASE PRINT CLEARLY **BROOKS BROTHERS ASSOCIATE DATA WORKSHEET**

Name [REDACTED] Store # 6059 SSN# [REDACTED]

PLEASE CHECK ONE:  New Hire  Rehire  Changes  Termination

**RATE OF PAY:**  
 \*(Hourly rate of pay for hourly Associates; Annual rate of pay for salaried Associates)  
 Hourly Associate: \$ 10.50 Jobcode CM|S|A|L|X  
 Salaried Associate: \$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Commission Location # [ ] [ ] [ ]  
 Date Started 06/04/07 Birthdate [REDACTED]

**STATUS:**  
 Salaried  Long Term Contingent (More than 10 days)  Non Union  
 Hourly - 30+ hrs/wkly - Benefits eligible  Drug tests not required for the following status  Union  
 Hourly - 20-29.9 hrs/wkly - Benefits eligible  Short Term Contingent (Less than 10 days)  Union Only  
 Hourly - < 19.9 hrs/wkly - NOT Benefits eligible  Holiday (October - December) [ ] [ ] [ ] [ ] Union # [ ] [ ] [ ] [ ]  
 [ ] [ ] [ ] [ ] Standard Hrs

Gender  F-(Female) M-(Male)  
 Veteran Status  N-(Non-Vet) Y-(Vet) V-(Vietnam Era Vet (1962-75)) Disabled Status  Y-(Yes) N-(No)  
 Marital Status  S-(Single) M-(Married) D-(Divorced) W-(Widower) Disabled Vet  Y-(Yes) N-(No)  
 Ethnic code  1-Caucasian/ 2-African American/ 3-Hispanic/ 4-Asian American/ 5-American Indian/ 6-Other

Education BA Date Attained Degree 05/12/07 Major Subject Religion  
 Hire Source  M  
 Drug Test Verification  Y-(Yes) N-(No) ALL ASSOCIATES MUST BE DRUG TESTED EXCEPT HOLIDAY AND SHORT TERM CONTINGENTS

Street Address [REDACTED] Apt # [REDACTED]  
 City [REDACTED] State [REDACTED] Zipcode [REDACTED]  
 Home Phone [REDACTED] Cell Phone [REDACTED]

**TAX INFORMATION:**  
 Federal State  
 Tax Marital Status   SSN# 410-65-2509  
 S-(Single) M-(Married) H-(Head of Household)  
 # of Exemptions    
 Extra Withholding (if desired) \$ [ ] [ ] [ ] [ ] [ ] [ ] \$ [ ] [ ] [ ] [ ] [ ] [ ]  
 County of Residence Burden

**EMERGENCY CONTACT INFORMATION:**  
 Last Name [REDACTED] First Name [REDACTED]  
 Relationship [REDACTED] Emergency Phone [REDACTED]

**TERMINATION INFORMATION:**  
 Reason Code [ ] [ ] [ ] Termination Date [ ] [ ] [ ]  
 PTO/Vacation Hours Due [ ] [ ] [ ] Last Day Worked [ ] [ ] [ ]  
 Severance Hours Due (if any) [ ] [ ] [ ] Weekly  Lump Sum  Rehire Eligibility  Y-(Yes) N-(No)

Comments: \_\_\_\_\_

Associate Signature: [REDACTED] 06/04/07  
 First Level Signature: Barbara O. Carlson 06/04/07  
 Second Level Signature: \_\_\_\_\_



## BROOKS BROTHERS JOB DATA WORKSHEET

Name: Charles Michael Hix Store # 6059 SSN # [REDACTED]

**Effective Date** 04/03/11  
(must be a Sunday date)

**1 Action Requested**

- |  |  |
|--|--|
| <input type="checkbox"/> Promotion (Sections 2, 3, 5, & 6)<br><input type="checkbox"/> Demotion (Sections 2, 3, 5, & 6)<br><input type="checkbox"/> Equity (Sections 2, 3, 5, & 6) | <input checked="" type="checkbox"/> Location (Sections 2, 3, 4, & 6)<br><input type="checkbox"/> Status Change (Sections 2, 3, & 6)<br><input type="checkbox"/> Temporary Assignment (Sections 2, 3, 5, & 6)<br><input type="checkbox"/> Other |
|--|--|

**2 CURRENT Job Change NEW**

Title <u>Key Holder</u> Job Code <u>CMKEYC</u>	Title <u>Key Holder</u> Job code <u>CMKEYC</u>
---	---

**3 CURRENT Status Change (Check One) NEW**

Salaried <input type="checkbox"/> 30+ hrs/wkly <input checked="" type="checkbox"/> Hourly Status <u>20-29.9 hrs/wkly</u> Contingent <input type="checkbox"/> less than 20 hrs/wkly _____ Standard Hours _____	Salaried <input type="checkbox"/> 30+ hrs/wkly <input checked="" type="checkbox"/> Hourly Status <u>20-29.9 hrs/wkly</u> Contingent <input type="checkbox"/> less than 20 hrs/wkly _____ Standard Hours _____
--	--

**4 CURRENT Location Change NEW**

Store # <u>6059</u> Union <input type="checkbox"/> Non Union <input checked="" type="checkbox"/> Commission Location # _____	Store # <u>6164</u> Union <input type="checkbox"/> Non Union <input checked="" type="checkbox"/> Commission Location # _____
--	--

**5 Salary Actions**

Promo	Current Pay Rate \$ _____ + Increase Amount \$ _____ = New Pay Rate \$ _____
Demo	Current Pay Rate \$ _____ - Decrease Amount \$ _____ = New Pay Rate \$ _____
Equity	Current Pay Rate \$ _____ + Increase Amount \$ _____ = New Pay Rate \$ _____
Temp	Temporary Assignment Dates: Start Date _____ End Date _____ Temporary Assignment Pay: 10% \$ _____ or Other \$ _____
Other	Current Pay Rate \$ _____ + Increase Amount \$ _____ = New Pay Rate \$ _____

**6 Approvals**

First Level <u>[Signature]</u> Date <u>7-5-11</u>	Second Level (DM/RVP/VP) _____ Date _____
---	---

**People Services Department Only**

Job Description Match: \_\_\_\_\_  
 Benchmark Salary Range: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Min Mid Max

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



## BROOKS BROTHERS JOB DATA WORKSHEET

Name: [REDACTED] Store # 6164 SSN # [REDACTED]

**Effective Date** 11-6-11

1 Action Requested

(must be a Sunday date)

- Promotion (Sections 2, 3, 5, & 6)
- Demotion (Sections 2, 3, 5, & 6)
- Equity (Sections 2, 3, 5, & 6)

- Location (Sections 2, 3, 4, & 6)
- Status Change (Sections 2, 3, & 6)
- Temporary Assignment (Sections 2, 3, 5, & 6)
- Other

2 **CURRENT**

Job Change

**NEW**

Title <u>KEY HOLDER</u> Job Code <u>CMKEYC</u>	Title <u>KEY HOLDER</u> Job code <u>CMKEYC</u>
---	---

3 **CURRENT**

Status Change (Check One)

**NEW**

Salaried <input type="checkbox"/> 30+ hrs/wkly <input checked="" type="checkbox"/> Hourly Status <u>20-29.9 hrs/wkly</u> Contingent <input type="checkbox"/> less than 20 hrs/wkly _____ Standard Hours _____	Salaried <input type="checkbox"/> 30+ hrs/wkly <input checked="" type="checkbox"/> Hourly Status <u>20-29.9 hrs/wkly</u> Contingent <input type="checkbox"/> less than 20 hrs/wkly _____ Standard Hours _____
--	--

4 **CURRENT**

Location Change

**NEW**

Store # <u>6164</u> Union <input type="checkbox"/> Non Union <input checked="" type="checkbox"/> Commission Location # _____	Store # <u>6171</u> Union <input type="checkbox"/> Non Union <input checked="" type="checkbox"/> Commission Location # _____
--	--

5

Salary Actions

Raise	Current Pay Rate \$ _____ + Increase Amount \$ _____ = New Pay Rate \$ _____
Decrease	Current Pay Rate \$ _____ - Decrease Amount \$ _____ = New Pay Rate \$ _____
Equity	Current Pay Rate \$ _____ + Increase Amount \$ _____ = New Pay Rate \$ _____
Temp	Temporary Assignment Dates: Start Date _____ End Date _____ Temporary Assignment Pay: 10% \$ _____ or Other \$ _____
Other	Current Pay Rate \$ _____ + Increase Amount \$ _____ = New Pay Rate \$ _____

6 Approvals

First Level  Date <u>11-8-11</u>	Second Level (DMRVP/VP) _____ Date _____
----------------------------------	--

*People Services Department Only*

Job Description Match: \_\_\_\_\_  
 Benchmark Salary Range: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  

Min
Mkd
Max

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

BROOKS BROTHERS

JOB #803

DATE TIME 001 4 05 16:08

TO: FROM -8602534476 EC--S

MODE MIN: SEC 00' 41"

PGS 003

STATUS OK

BROOKS BROTHERS JOB DATA WORKSHEET

Name: [Redacted] Store # 6059 SSN # [Redacted]

Effective Date 04/03/11 (must be a Sunday date)

1 Action Requested

- Promotion (Sections 2, 3, 5, & 6)
- Demotion (Sections 2, 3, 5, & 6)
- Equity (Sections 2, 3, 5, & 6)

- Location (Sections 2, 3, 4, & 6)
- Status Change (Sections 2, 3, & 6)
- Temporary Assignment (Sections 2, 3, 5, & 6)
- Other

2 CURRENT Job Change NEW

Title <u>Key Holder</u>	Title <u>Key Holder</u>
Job Code <u>CMKEYC</u>	Job Code <u>CMKEYC</u>

3 CURRENT Status Change (Check One) NEW

Salaried <input type="checkbox"/> 30+ hrs/wkly <input checked="" type="checkbox"/>	Salaried <input type="checkbox"/> 30+ hrs/wkly <input checked="" type="checkbox"/>
Hourly Status <u>20-29.9 hrs/wkly</u>	Hourly Status <u>20-29.9 hrs/wkly</u>
Contingent <input type="checkbox"/> less than 20 hrs/wkly	Contingent <input type="checkbox"/> less than 20 hrs/wkly
Standard Hours _____	Standard Hours _____

4 CURRENT Location Change NEW

Store # <u>6059</u> Union <input checked="" type="checkbox"/> Non Union _____	Store # <u>6164</u> Union <input checked="" type="checkbox"/> Non Union _____
Commission Location # _____	Commission Location # _____

5 Salary Actions

Current Pay Rate \$ _____ + Increase Amount \$ _____ = New Pay Rate \$ _____
Current Pay Rate \$ _____ - Decrease Amount \$ _____ = New Pay Rate \$ _____
Current Pay Rate \$ _____ + Increase Amount \$ _____ = New Pay Rate \$ _____
Temporary Assignment Dates: Start Date _____ End Date _____
Temporary Assignment Pay: 10% \$ _____ or Other \$ _____
Current Pay Rate \$ _____ + Increase Amount \$ _____ = New Pay Rate \$ _____

6 Approvals

First Level <u>[Signature]</u> Date <u>4-5-11</u>	Second Level (DM/RVP/VP) _____ Date _____
---	---

People Services Department Only

Job Description Match: \_\_\_\_\_

Benchmark Salary Range: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Min                      Mid                      Max

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

BROOKS BROTHERS

JOB #804

DATE TIME  
001 4-05 16:11

TO FROM MODE  
860 741 6285 EC--S

MIN/ SEC  
00' 27"

PGS  
001

STATUS  
OK

**BROOKS BROTHERS JOB DATA WORKSHEET**

Name: [Redacted] Store # 6059 SSN # [Redacted]

Effective Date 04/03/11  
(must be a Sunday date)

1 Action Requested

- Promotion (Sections 2, 3, 5, & 6)
- Demotion (Sections 2, 3, 5, & 6)
- Equity (Sections 2, 3, 5, & 6)

- Location (Sections 2, 3, 4, & 6)
- Status Change (Sections 2, 3, & 6)
- Temporary Assignment (Sections 2, 3, 5, & 6)
- Other

2 CURRENT Job Change NEW

Title <u>Key Holder</u>	Title <u>Key Holder</u>
Job Code <u>CMKEYC</u>	Job code <u>CMKEYC</u>

3 CURRENT Status Change (Check One) NEW

Salaried <input type="checkbox"/> 30+ hrs/wkly <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Contingent <input type="checkbox"/> Status 20-29.9 hrs/wkly <input type="checkbox"/> less than 20 hrs/wkly <input type="checkbox"/> Standard Hours <input type="checkbox"/>	Salaried <input type="checkbox"/> 30+ hrs/wkly <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Contingent <input type="checkbox"/> Status 20-29.9 hrs/wkly <input type="checkbox"/> less than 20 hrs/wkly <input type="checkbox"/> Standard Hours <input type="checkbox"/>
--	--

4 CURRENT Location Change NEW

Store # <u>6059</u>	Union <input type="checkbox"/>	Non Union <input checked="" type="checkbox"/>	Commission Location # <input type="checkbox"/>	Store # <u>6164</u>	Union <input type="checkbox"/>	Non Union <input checked="" type="checkbox"/>	Commission Location # <input type="checkbox"/>
---------------------	--------------------------------	---	--	---------------------	--------------------------------	---	--

5 Salary Actions

Prom	Current Pay Rate \$ _____ + Increase Amount \$ _____ = New Pay Rate \$ _____
Base	Current Pay Rate \$ _____ - Decrease Amount \$ _____ = New Pay Rate \$ _____
Equity	Current Pay Rate \$ _____ + Increase Amount \$ _____ = New Pay Rate \$ _____
Temp	Temporary Assignment Dates: Start Date _____ End Date _____ Temporary Assignment Pay: 10% \$ _____ or Other \$ _____
Other	Current Pay Rate \$ _____ + Increase Amount \$ _____ = New Pay Rate \$ _____

6 Approvals

First Level  Date <u>4-5-11</u>	Second Level (DM/RVP/P) _____ Date _____
---------------------------------	--

People Services Department Only

Job Description Match: \_\_\_\_\_  
 Benchmark Salary Range: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Min Mid Max

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE PRINT CLEARLY

# BROOKS BROTHERS ASSOCIATE DATA WORKSHEET

Name: [REDACTED]

Store # 6164 \*SSN # [REDACTED]

PLEASE CHECK ONE:  New Hire  Rehire  Changes  Termination

### RATE OF PAY:

\*(Hourly rate of pay for hourly Associates; Annual rate of pay for salaried Associates)

Job Code

Hourly Associate: \$

Salaried Associate: \$

Commission Location #

Date Started    /    /   

Birth date    /    /   

### STATUS:

Salaried

Hourly - 30+ hrs/wkly - Benefits eligible

Hourly - 20-29.9 hrs/wkly - Benefits eligible

Hourly - <19.9 hrs/wkly - NOT Benefits eligible

Long Term Contingent (More than 10 days)

Drug tests not required for the following status

Short Term Contingent (Less than 10 days)

Holiday (October - December)

Non Union

Union

Union Only

Union #

Standard Hrs

Gender    F-(Female) M-(Male)

Veteran Status    N-(Non-Vet) Y-(Vet) V-(Vietnam Era Vet (1962-75))

Disabled Status    Y-(Yes) N-(No)

Marital Status    S-(Single) / M-(Married) / D-(Divorced) / W-(Widow)er

Disabled Vet    Y-(Yes) N-(No)

Ethnic Code    1- Caucasian/ 2-African American/ 3-Hispanic/ 4-Asian American/ 5-American Indian/ 6-Other   

Education   

Date Attained Degree    /    /   

Major subject    /    /   

Hire Source   

Drug Test Verification    Y-(Yes) N-(No) ALL ASSOCIATES MUST BE DRUG TESTED EXCEPT HOLIDAY AND SHORT TERM CONTINGENTS

Street Address   

City   

State   

Zip Code   

Apt   

Home Phone   

Cell Phone   

### TAX INFORMATION:

Tax Marital Status

Federal

State

SSN#   

S-(Single) / M-(Married) / H-(Head of Household)

# of Exemptions   

Extra Withholding (if desired)

\$

\$

County of Residence   

### EMERGENCY CONTACT INFORMATION:

Last Name   

First Name   

Relationship   

Emergency Phone (    )   

### TERMINATION INFORMATION:

Reason Code   

Termination Date    /    /   

PTO/Vacation Hours Due   

Last Day Worked    /    /   

Severance Hours Due (if any)    Weekly  Lump Sum

Rehire Eligibility    Y-(Yes) N-(No)

Comments:   

Associate Signature:   

Date 04/25/11

First Level Signature:   

Date    /    /   

Second Level Signature:   

Date    /    /   

Fax to Payroll (860) 253 - 4476

or send electronically to [PayrollBrooksBrothers@retailbrandalliance.com](mailto:PayrollBrooksBrothers@retailbrandalliance.com)

# **Union Exhibit 48**



# Brooks Brothers

## New Hire Paperwork Checklist

Manager: Ensure all documents have been filled out completely and routed to the appropriate location.

Document	What to do with document	Completed
Application for Employment	Retain in store file	<input checked="" type="checkbox"/>
Reference Checks (2)	Retain in store file	<input type="checkbox"/>
Associate Data Worksheet	Fax to Payroll (860) 253 - 4476 or send electronically to PayrollBrooksBrothers@retailbrandalliance.com	<input checked="" type="checkbox"/>
Federal Tax (W-4)	Fax to Payroll (860) 253 - 4476	<input checked="" type="checkbox"/>
State Withholding (if applicable)	Fax to Payroll (860) 253 - 4476	<input type="checkbox"/>
I-9 Documentation	Retain in store file	<input checked="" type="checkbox"/>
Direct Deposit Authorization (if associate elected)	Fax to Payroll (860) 253 - 4476	<input type="checkbox"/>
Employment Screening Inquiry (for Associates Holding Keys)	Fax to Loss Prevention (718) 609 -4430 Retain one copy in store file	<input type="checkbox"/>
Union Dues Cards (2) (only applicable for stores with union associates)	Send one to the Benefits Department Send one to the Union	<input type="checkbox"/>
HIPPA Confidential Agreement	Make 3 copies and distribute as follows: Fax to Benefits at (860) 741-6285 or (860) 741-3171 Or send electronically to PeopleServices@Retailbrandalliance.com Retain in Store File Give to Associate	<input checked="" type="checkbox"/>
HIPPA Privacy Notice	Give to Associate	<input type="checkbox"/>
Associate Handbook	Retain Sign-off form in store file	<input checked="" type="checkbox"/>
Business Card Request	Fax to Purchasing at (860) 253-4463 Or email request to purchasingassociates@retailbrandalliance.com	<input type="checkbox"/>

### All Benefits-Eligible Associates

<b>Benefits Enrollment Information</b> Print Benefits Enrollment, Benefits Guide and Associate Contributions Information	Fax completed documents to Benefits Department. Forms must be received within 31 days of hire ( <b>NO EXCEPTIONS</b> ). Fax 860-741-6285 or 860-741-3171	<input type="checkbox"/>
--	---	--------------------------

Associate Signature Kindell M. Donaldson Date 3/8/11

Manager Signature [Signature] Date 3-9-11

Rev: 7/1/10

BROOKS BROTHERS

JOB #669

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	STATUS
001	3/10 10:33	+8602534476	EC--S	00' 53"	005	OK

*Brooks Brothers*

facsimile transmittal .....

To: Karen LeDuc

Fax: 860-253-4476

From: Marcela

Date: 3-10-11

Re: HELP!!

Pages: 5

NOTES: Good Morning!

Pls. we need your help for  
New-Hire & Rehired ID#—?

Thanks, Marcela ☺

PLEASE PRINT CLEARLY

# BROOKS BROTHERS ASSOCIATE DATA WORKSHEET

Name: [REDACTED] Store # 6164 SSN # [REDACTED]

PLEASE CHECK ONE:  New Hire  Rehire  Changes  Termination

### RATE OF PAY:

\*(Hourly rate of pay for hourly Associates; Annual rate of pay for salaried Associates)

Hourly Associate: \$ 12-

Salaried Associate: \$         

Job Code FTSTOL

Commission Location #         

Date Started 3.8.11

Birth date [REDACTED]

### STATUS:

- Salaried
- Hourly - 30+ hrs/wkly - Benefits eligible
- Hourly - 20-29.9 hrs/wkly - Benefits eligible
- Hourly - <19.9 hrs/wkly - NOT Benefits eligible

- Long Term Contingent (More than 10 days)
  - Short Term Contingent (Less than 10 days)
  - Holiday (October - December)
- Drug tests not required for the following status

- Non Union
- Union

Union Only

Union #           
Standard Hrs 40-

Gender M F-(Female) M-(Male)

Veteran Status N N-(Non-Vet)/ Y-(Vet)/ V-(Vietnam Era Vet (1962-75))

Disabled Status N Y-(Yes) N-(No)

Marital Status S S-(Single) / M-(Married) / D-(Divorced) / W-(Widow)er

Disabled Vet N Y-(Yes) N-(No)

Ethnic Code 2 1-Caucasian/ 2-African American/ 3-Hispanic/ 4-Asian American/ 5-American Indian/ 6-Other

Education HS

Date Attained Degree 06/25/09

Major subject     

Hire Source W

Drug Test Verification Y Y-(Yes) N-(No) ALL ASSOCIATES MUST BE DRUG TESTED EXCEPT HOLIDAY AND SHORT TERM CONTINGENTS

Street Address [REDACTED] Apt # [REDACTED]  
 City [REDACTED] State [REDACTED] Zip Code [REDACTED]  
 Home Phone [REDACTED] Cell Phone ( ) [REDACTED]

### TAX INFORMATION:

Tax Marital Status

Federal S

State NYS

SSN# [REDACTED]

S-(Single) / M-(Married) / H-(Head of Household)

# of Exemptions

1

1

Extra Withholding (if desired)

\$         

\$         

County of Residence Brox

### EMERGENCY CONTACT INFORMATION:

Last Name [REDACTED] First Name [REDACTED]  
 Relationship [REDACTED] Emergency Phone [REDACTED]

### TERMINATION INFORMATION:

Reason Code          Termination Date     /    /      
 PTO/Vacation Hours Due          Last Day Worked     /    /      
 Severance Hours Due (if any)          Weekly  Lump Sum  Rehire Eligibility      Y-(Yes) N-(No)

Comments:         

Associate Signature: [REDACTED] Date 3.8.11  
 First Level Signature: [REDACTED] Date 3.9.11  
 Second Level Signature: [REDACTED] Date     /    /

# Form W-4 (2011)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children . . . . .	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) For accuracy, complete all worksheets that apply. • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	<b>H</b>	_____

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-2159 <b>2011</b>	
1 Type or print your first name and middle initial. Last name			2 Your social security number		
Home address (number and street or rural route)			3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 Additional amount, if any, you want withheld from each paycheck		7 I claim exemption from withholding for 2011, 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.	
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		Employee's signature (This form is not valid unless you sign it.)		Date <b>3/3/11</b>	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)		10 Employer identification number (EIN)

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year) \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date (month/day/year) 3/8/11

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.	

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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	Date (month/day/year)	

**NEW YORK STATE**

**DRIVER LICENSE CLASS D**

**ID:**



**WHITTENLORG**

**ISSUED:**



**ISSUED:**



BROOKS BROTHERS

JOB #668

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	STATUS
001	3/10	10:30	860 741 6285 EC--S	00' 47"	002	OK

### HIPAA CONFIDENTIALITY AGREEMENT

I, [REDACTED] have read and understand Retail Brand  
(Print Name)

Alliance, Inc.'s policies regarding the privacy of individually identifiable health information (or Protected Health Information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that this notice serves as my initial training in RBA's policies concerning PHI use, disclosure, storage and destruction as required by HIPAA.

In consideration of my employment or compensation from Retail Brand Alliance, Inc., I hereby agree that I will not at any time, either during my employment or association with RBA, or after my employment or association ends, use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with RBA, as set forth in RBA's privacy policies and procedures or as permitted by HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with RBA, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Retail Brand Alliance, Inc., policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including termination of employment or association with Retail Brand Alliance, Inc., and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will remain in effect even after the termination of my employment or end of my association with Retail Brand Alliance, Inc., regardless of the reason for such termination.

Signature:

[REDACTED]

Date:

3/8/11

Associate ID No.:

\_\_\_\_\_

*Please make 3 copies and distribute as follows:*

**Associate**

**Store Associate File**

**Benefits Department ( fax this form to the People Services Department at (860)741-6285 or (860)741-3171)**

## HIPAA CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, have read and understand Retail Brand  
(Print Name)

Alliance, Inc.'s policies regarding the privacy of individually identifiable health information (or Protected Health Information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that this notice serves as my initial training in RBA's policies concerning PHI use, disclosure, storage and destruction as required by HIPAA.

In consideration of my employment or compensation from Retail Brand Alliance, Inc., I hereby agree that I will not at any time, either during my employment or association with RBA, or after my employment or association ends, use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with RBA, as set forth in RBA's privacy policies and procedures or as permitted by HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with RBA, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Retail Brand Alliance, Inc., policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including termination of employment or association with Retail Brand Alliance, Inc., and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will remain in effect even after the termination of my employment or end of my association with Retail Brand Alliance, Inc., regardless of the reason for such termination.

Signature:

\_\_\_\_\_

Date:

3/8/11

Associate ID No.:

\_\_\_\_\_

**Please make 3 copies and distribute as follows:**

**Associate**

**Store Associate File**

**Benefits Department ( fax this form to the People Services Department at (860)741-6285 or (860)741-3171)**



**LexisNexis Screening Solutions, Inc.**

480 Quadrangle Drive Suite D

Bolingbrook, IL 60440

Phone: 800-939-4782

Fax: 630-679-5635

**Controlled Substance Test Report**

Attn: [REDACTED]

Client Name: [REDACTED]

[REDACTED]

Account Number: [REDACTED]

[REDACTED]

Phone:

Employee ID 1:

Donor Name: [REDACTED]

Employee ID 2:

Donor ID: [REDACTED]

Emp Category:

<p><b>Test Result:</b> Negative</p> <p><b>Result Description:</b> Negative</p> <p><b>Substances Found:</b></p> <p><b>MRO Verified Comment:</b></p>
--

Specimen ID: [REDACTED]

Test Reason: [REDACTED]

Collection Date: [REDACTED]

Test Type: [REDACTED]

Testing Panel: [REDACTED]

Lab Account #: [REDACTED]

CCF Received:

Lab Name: [REDACTED]

Verified Date: [REDACTED]

Test Account #: [REDACTED]

Reported Date: [REDACTED]

Client Name: [REDACTED]

Collection Site: [REDACTED]

Cost Center:

Location ID: [REDACTED]

Comments:

Certified Medical Review Officer:

MRO Phone:

[REDACTED]

[REDACTED]

(Signature on File)

**Zimbra**

st06164@brooksbrothersstores.com

± Font size -

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## Deposit

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**From :** Patricia Kennan <PKennan@brooksbrothers.com>

Tue, Aug 09, 2011 11:41 AM

**Subject :** Deposit

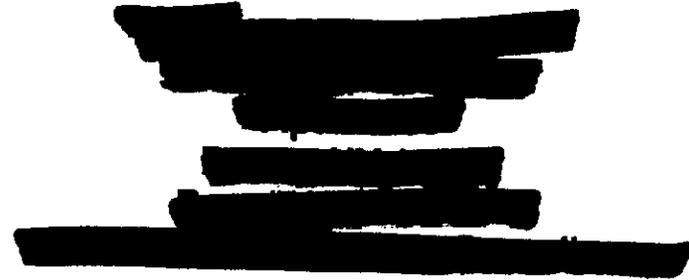
**To :** 6164 1180 Madison Ave <ST06164@brooksbrothersstores.com>

Can you tell me the amount of your deposit for day of business 7/18/11.

Thanks  
Pat

Pat Kennan  
[PKennan@brooksbrothers.com](mailto:PKennan@brooksbrothers.com)  
Retail Brand Alliance  
Treasury Dept.  
Phone (860) 253-4624  
Fax (860) 741-6303

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**OBJECTIVE:**

To secure a growth oriented position of mutual enhancement within a professional environment that will allow me to utilize my education and experience for maximum efficiency.

**Work Experience:**

Godiva Chocolatier, Inc., -11/08/2008-3/19/2009

**Sales Associate/Cashier:** Was responsible for maintaining inventory and using the cash register ring up products and answering phones to assist customers.

Toys R Us, Inc., -12/02/2008-04/08.2009

**Stock/Inventory:** Was responsible for loading/unloading trucks and stocking store with new products for holiday rush.

Department of Sanitation of NYC, 12/29/2010-Present

**Snow Laborer:** Responsible for clearing crosswalks, fire hydrants and bus shelters for pedestrians.

**Education:**

St. Raymond's Elementary School- 1996-2005

All Hallows School for Boys-2005-2008

Wings Academy High School- Graduated High School Diploma-2009

Hudson Valley Community College-2009-2010

**Skills:**

**Languages:** English is my first language. I am functional in speaking, writing and reading Spanish.

**Computers:** Knowledge of Microsoft Word, Microsoft PowerPoint and Microsoft Excel

**EMPLOYMENT APPLICATION**

# RETAIL BRAND ALLIANCE

ADRIENNE VITTADINI BROOKS BROTHERS CAROLEE

100 Phoenix Avenue, P.O. Box 1700  
Enfield, CT 06083-1700

**PERSONAL INFORMATION**

Date of Application <i>2/4/11</i>		Position Applying For <i>Retail/Stock</i>		Other positions for which you are qualified: <i>Sales Associate</i>	
Last Name <i>Donaldson</i>		First Name <i>Kendall</i>		Middle Name <i>Kwasi</i>	
Present Street Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	How long have you live there? Yr. <i>4</i> Mo.
Prior Street Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	How long did you live there? Yr. <i>7</i> Mo.
Daytime Phone [REDACTED]	Evening Phone [REDACTED]	Social Security Number [REDACTED]		Do you have a reliable means of transportation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
E-mail Address [REDACTED]	When can you start? <i>ASAP</i>	Schedule desired: <input checked="" type="checkbox"/> Full Time Days <input checked="" type="checkbox"/> Full Time Evenings <input type="checkbox"/> Part Time Days <input type="checkbox"/> Part Time Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Seasonal		Company/Division Applying To: <input type="checkbox"/> Adrienne Vittadini <input type="checkbox"/> Carolee <input checked="" type="checkbox"/> Brooks Brothers	

**MISCELLANEOUS INFORMATION**

List all friends and relatives currently working for us and their location. <i>N/A</i>	Will you now or in the future require sponsorship for a visa? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please give details. A prior conviction will not automatically disqualify you from employment. <small>In the state of California only, if you were convicted of unlawful possession and/or transport of marijuana per subdivision (a) or (b) of Section 11361.5 of California's Health and Safety Code, more than two years before the date of completion of this application, you may answer no to this question.</small>
How were you referred to us? <i>Walk-in</i>	Have you undergone a name change that would hinder our ability to check your previous work history. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please explain.	

Have you ever worked for:

<input type="checkbox"/> Adrienne Vittadini	<input type="checkbox"/> Caren Charles	<input type="checkbox"/> Casual Corner Outlet/Annex	<input type="checkbox"/> Petite Sophisticate Outlet/Annex
<input type="checkbox"/> August Max	<input type="checkbox"/> Career Image	<input type="checkbox"/> Casual Corner Women Outlet/Annex	<input type="checkbox"/> Sunglass Hut
<input type="checkbox"/> August Max Women	<input type="checkbox"/> Career Image Company Store	<input type="checkbox"/> Lenscrafters	<input type="checkbox"/> Ups & Downs
<input type="checkbox"/> Brooks Brothers	<input type="checkbox"/> Carolee Designs	<input type="checkbox"/> Pappagallo	<input type="checkbox"/> U.S. Shoe
<input type="checkbox"/> Capezio	<input type="checkbox"/> Casual Corner	<input type="checkbox"/> Petite Sophisticate	<input type="checkbox"/> Watch World/Watch Station
If yes, please explain:			

None

**WORK HISTORY**

**LIST YOUR PREVIOUS EXPERIENCE BEGINNING WITH YOUR MOST RECENT POSITION (Including Military Service, if applicable)**

Start Date	Employer Name	Starting Position	Starting Salary	Major Duties
<i>12/2/08</i>	<i>Toys R US Inc</i>	<i>Off-Stock Crew</i>	<i>\$ 8.15</i>	<i>Stacking items neatly in assigned aisles</i>
<i>4/8/09</i>	<i>970 Brocksner Blvd</i>	<i>Off-Stock Crew</i>	<i>\$ 8.15</i>	
List Three Management References:	1) Name/Title Phone [REDACTED]	2) Name/Title Phone [REDACTED]	3) Name/Title Phone [REDACTED]	Reason for leaving: <i>Seasonal Position</i>
<i>12/29/10</i>	<i>Department of Sanitation</i>	<i>Snow laborer</i>	<i>\$ 12.00</i>	<i>Clearing crosswalks, fire hydrants and snow shovels for pedestrian</i>
<i>1/30/11</i>	<i>800 Fenaga Avenue</i>	<i>Snow laborer</i>	<i>\$ 12.00</i>	
List Three Management References:	1) Name/Title Phone [REDACTED]	2) Name/Title Phone [REDACTED]	3) Name/Title Phone [REDACTED]	Reason for leaving: <i>Part-time</i>

### WORK HISTORY

Start Date	Employer Name	Starting Position	Starting Salary	Major Duties
11 / 8 / 08	Hodina Chocolatier	Sales Associate	\$ 8.25	Handling cashier work for customers during check-out
Date Left	Address	Final Position	Current Salary	
3 / 19 / 09	793 Madison Avenue	Sales Associate	\$ 8.25	
List Three Management References:	1) Name/Title Jennifer Ocasio	2) Name/Title Phone 212-249-5444	3) Name/Title Phone	Reason for leaving Seasonal Position

In the past seven years have you been asked to leave the employ of any employer listed or not listed on this application? Yes  No

### EDUCATION AND TRAINING

Type of School	Name and Address of School	Highest Grade Comp	Course of Study	Did you Graduate?	List Diploma or Degree
High School	Wings Academy E 180 <sup>th</sup> Street Bronx, NY	9 10 11 (12)	Communications	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	AS Diploma
College	80 Vandenberg Hudson Valley CC Troy, NY	(13) 14 15 16	Athletic Trainer	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	N/A
Other (Specify)		17 18 19 20		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business or Trade		1 2 3 4		Yes <input type="checkbox"/> No <input type="checkbox"/>	

### SPECIAL SKILLS

Typing ( 55 WPM)

Word Processing Equipment/Programs

Computers (List Programs you know) *Microsoft Word Microsoft Excel Microsoft Powerpoint*

Other Skills

### AVAILABILITY - (Hours Available For Work)

Days of the Week	From Time:	To Time:	Comments
Monday	Any	Any	
Tuesday	Any	Any	
Wednesday	Any	Any	
Thursday	Any	Any	
Friday	Any	Any	
Saturday	Any	Any	
Sunday	Any	Any	

I am aware that frequent absences in violation of the Attendance Policy can create a hardship for coworkers and the Company. I am also aware that compliance with the Attendance Policy is an essential function of the job I am seeking. If hired, I can comply with the policy with or without reasonable accommodation. Yes  No

### DRUG FREE WORK PLACE

Retail Brand Alliance is a Drug-Free Company. As required by our Drug-Free Work Place Policy, all prospective Associates are required to take a drug test prior to being hired with the Company. A summary of this policy is described below.

**If you currently use illegal drugs or abuse legal drugs, you will not be hired.**

#### SCOPE OF POLICY

This policy applies to all Applicants and Associates of Retail Brand Alliance.

#### POLICY VIOLATIONS

The Company feels strongly that drug use in the work place can undermine individual job performance, the security of other Associates and the Company's business. As a result, the following activities are prohibited while on Company premises or while on Company business:

- Using or having detectable levels of illegal drugs in your system or abuse of any drug, controlled substance or chemical.
- Using prescription drugs for any purpose other than as prescribed or by anyone other than the person to whom prescribed.
- The purchase, sale, transfer, possession, manufacture, or distribution of illegal drugs, controlled substances or chemicals.

Engaging in any of these activities will result in disciplinary action, up to and including termination.

#### DRUG TESTING

The Company reserves the right to test applicants and in certain situations test Associates for evidence of substance abuse. Test will screen for abuse of compounds including, but not limited to the following:

- Amphetamines
- Barbiturates
- Propoxyphene

- Cocaine
- Codeine
- Methadone

- Methaqualone
- Morphine
- Benzodiazepines

- Marijuana
- Phencyclidine (PCP)

- Offers of employment will only be made upon successfully passing a Urinalysis Test \*(See exceptions listed in the acknowledgement and consent section of this form).
- No applicant may be considered for regular employment who has not signed the Drug Screening Consent and Release Form.

**EMPLOYMENT DOCUMENTS**

If the Company offers you a position, you will be asked to sign several documents relative to your employment. We have reproduced some of those documents here, along with a brief description for your information only. Should the Company offer you a position and you refuse to sign these documents, the offer of employment will be withdrawn.

**PLEASE READ EACH STATEMENT CAREFULLY**

As you probably know, we generally check references offered by employment applicants, and may go to suitable sources for additional information. Our objective is to obtain information on ability, previous job performance, character and reputation, for the sole purpose of considering you for employment. The state of Maryland, public law 91-508 requires us to tell you this. On your written request, additional information on the nature and scope of inquiries, if any are made, will be provided.

I certify that the information that I have provided on my application, resume, given verbally, or provided on any other material, is true to the best of my knowledge and understand that falsification and/or omission of this information may result in dismissal in accordance with Company Policy. The Company in considering my application for employment may verify the information set forth on this application with exception to any disclosure of disability and/or medical information as prohibited by the ADA. I agree that, before and, in the event that I am hired, at any time during my employment, the Company, in its discretion, may investigate my employment history, education, financial integrity, credit worthiness, and any other aspect of my background and confirm that I have no prior criminal record. For this purpose, I specifically hereby authorize the Company to obtain such credit reports, background checks and other information as may be useful.

In accepting employment, I acknowledge that the policies, benefits, and other programs listed in the benefits booklet and policy manuals do not infer or imply a contract of employment between the Company and myself. I realize that the aforementioned benefits, policies and programs are provided at company discretion and may be changed or eliminated at any time. In consideration of employment, I agree to conform to the rules and regulations of the Company, I also realize that employment is considered to be "at will", during which time my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Company or myself. Furthermore, I understand that Retail Brand Alliance does not enter into contracts of employment with its Associates except in writing signed by an Officer of the Company. I also affirm that I have not signed any kind of restrictive document, creating any obligation to any former employer that would restrict my acceptance of employment with Retail Brand Alliance.

**MARYLAND LIE DETECTOR LAW**

Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

**MASSACHUSETTS LIE DETECTOR LAW**

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer that violates this law shall be subject to criminal penalties and civil liability."

**ACKNOWLEDGMENT AND CONSENT**

**ACKNOWLEDGEMENT**

I hereby acknowledge that I have read and understand all statements made on this application.

**PRE-EMPLOYMENT AND POST-EMPLOYMENT DRUG SCREENING CONSENT.**

I hereby give my voluntary consent for a urine sample to be collected from me and submitted for a drug or controlled substance abuse screening test. I understand that any positive result from such test will preclude my being offered employment (if an applicant) or terminate my continued employment (if current Associate). Further, I understand my failure to execute this voluntary consent will result in my not being further considered for employment (if an applicant).

I hereby consent, if I am an applicant, to the release of the test results to those Company officials who make employment decisions for the Company. Further, if a current Associate, I give my consent for the release of test results to the appropriate Company officials for the determination of continued employment.

**STATE EXCEPTIONS TO THE POLICY INCLUDE:**

If you reside in Maine, Minnesota, Oklahoma, Rhode Island and Vermont, please read the following.

I understand that I will be given an offer of employment prior to submitting to the required pre-employment substance abuse screening test. I further understand that I cannot and will not be hired until I have SUCCESSFULLY completed a pre-employment substance test. I understand I will be given advance written notice of this requirement. I understand that the substances that I will be tested for include but are not limited to those indicated on the top of this page.

NAME (Please print) Kendall K. Donaldson Jr.

Date 2/4/11

SIN# 2137  
FORM# 670-9  
REV 9/06

Signature: Kendall K. Donaldson Jr.

**OUR EMPLOYMENT POLICY**

EQUAL OPPORTUNITY FOR ALL WITHOUT REGARD TO ANY  
PROTECTED CLASS STATUS AS DEFINED BY FEDERAL, STATE OR LOCAL LAW

**NO SMOKING POLICY**

THE FACILITIES OF RETAIL BRAND ALLIANCE INC.  
PROHIBITS SMOKING ON THE PREMISES

**R**ETAIL **B**RAND **A**LLIANCE

100 Phoenix Avenue, P.O. Box 1700  
Enfield, CT 06083-1700



# BROOKS BROTHERS

## ATTENDANCE RECORD

CURRENT YEAR: / / 2011

NAME: [REDACTED] ASSOCIATE #: [REDACTED] STORE/LOCATION: 564 DATE OF HIRE: 3/8/11 DATE OF BIRTH: [REDACTED]

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															

S—Sick/Absent      H—Holiday      D—Disability      A—Leave of Absence  
 L—Late              V—Vacation      W—Worker's Comp  
 P—Personal        B—Bereavement      J—Jury Duty

QB721 1/05

## **Training Check List Support Staff**

1. Policies and Procedures
2. PC functions, back office
3. Registers
4. Shipping, Receiving
5. Transfers
6. Merchandise Check in
7. MOS
8. AYS
9. Visuals
10. Store Maintenance
11. Floor Standards
12. Opening and Closing
13. Schedules
14. 7 min Rule
15. Product
16. Store Standards

# **Union Exhibit 49**

JUDITH K. PARNES  
1100 Madison Avenue, Apt. 4-G  
New York, NY 10028  
Tel: 212-744-4223; Fax: 212-452-2520  
Cellular: 917-892-8288  
[jkparnes@gmail.com](mailto:jkparnes@gmail.com)

January 24, 2011

HR Recruiter  
BROOKS BROTHERS  
346 Madison Ave  
New York, NY 10017  
[corporatecareers@BrooksBrothers.com](mailto:corporatecareers@BrooksBrothers.com)

Dear HR Recruiter,

I am responding to a sales associate career-opportunity posting at the new Brooks Brothers store to open at Madison Avenue and 86<sup>th</sup> Street. Attached are my application, resume and references for your consideration. Please note that I have not listed references on my application because the people are no longer employed at those firms. However, I have had professional relationships with the references I have provided.

My most recent retail sales experience was as sales associate at Saks Fifth Avenue selling women's career and designer apparel. I began my retail career as a fashion coordinator at May Merchandising, the corporate buying office of May Department Stores, which is now Macy's, Inc. Two years later, I became a director, developing private label product internationally and domestically, among other duties.

I admire the Brooks Brothers American aesthetic and am capable of developing a customer base and selling the Brooks Brothers brand. I live close to the store and my hours are flexible. Please feel free to contact me at any time by phone at [REDACTED] or e-mail at [REDACTED].

Sincerely,

[REDACTED]  
Judith K. Parnes

**APPLICANT DISCLOSURE AND AUTHORIZATION  
(IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION)**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**Brooks Brothers** (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report.” These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your criminal background history, education and/or employment history conducted by Occuscreen, LLC, 200 Grand Blvd., Suite 200, Vancouver, WA 98661, 888-833-5304, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

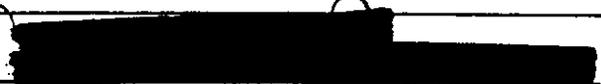
**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Occuscreen, LLC, 200 Grand Blvd., Suite 200, Vancouver, WA 98661, 888-833-5304, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

  
Signature

03-28-11  
Date

\*This information will be used for background screening purposes only and will not be used as hiring criteria.



EMPLOYER: BROOKS BROTHERS

PHONE: 860-741-0774 X 2774

STORE #:

ASSOCIATE/POSITION:

REQUESTED BY: STORE # 6164

In order to process your application, please provide the following information. Include your exact legal name and any other name(s) you may have used in the last seven (7) years.

PRINT CLEARLY IN INK OR TYPE IN ALL INFORMATION. MAKE SURE DISCLOSURE IS SIGNED ABOVE.

FIRST [redacted] MIDDLE K

LAST [redacted]

SOCIAL SECURITY [redacted] BIRTHDATE: [redacted]

CURRENT STREET ADDRESS [redacted] APT [redacted]

POST OFFICE BOX \_\_\_\_\_

CITY [redacted] STATE [redacted] ZIPCODE [redacted]

DRIVER LICENSE NUMBER [redacted] STATE [redacted]

OTHER NAMES USED IN PREVIOUS 7 YEARS

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

PLEASE PROVIDE CITY, COUNTY, STATE AND ZIPCODE FOR YOUR RESIDENCES IN THE PAST SEVEN (7) YEARS.

BEGIN WITH YOUR MOST RECENT, CURRENT ADDRESS

Table with 4 columns: CITY, COUNTY, ZIP, DATES. Row 1: New York, 10028

# SAKS INCORPORATED

To whom it may concern:

06/26/2008

Please be advised that [REDACTED] worked for Saks Fifth Avenue in New York from 10/25/2004 to 06/27/2008 and was last employed in the position of Sales Assoc. III.

In accordance with company policy, we do not provide other information for reference purposes.

### Employment Verification

Associates have several options regarding Employment Verification once employment has been separated.

Upon separation of employment, associates are provided with this letter stating their dates of service and job title. Associates or a Verifier can also contact The Work Number, a company we use to provide Employment and Income verification. See instructions below.

1. Employment & Income verification phone number for current and former Employees is 1-800-367-2884. Web address [www.theworknumber.com](http://www.theworknumber.com)
2. Employment & Income verification phone number for Verifier is 1-800-367-3698. Web address [www.theworknumber.com](http://www.theworknumber.com)
3. Company Code is [REDACTED]
4. Associate Pin Number is associate's date of birth MMDDYY Example: 08/10/88

NOTE: Before a Verifier is able to confirm income, the associate must request a Salary Key Number by calling the Work Number or going to [www.theworknumber.com](http://www.theworknumber.com). The associate will need to give this number to the verifier. Example of Verifier: Mortgage Company, Student Loan, etc.

Sincerely,



Human Resources Manager 06/26/2008

Processed By: HR60103

Date: 06/26/2008

[REDACTED]

Professional References

Vs [REDACTED]  
Jir [REDACTED]  
[REDACTED]  
5 [REDACTED]

A [REDACTED] P [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

E [REDACTED]  
[REDACTED]  
[REDACTED]

Robyn Martin

From: Judith Parnes [REDACTED]

Sent: Thu 2/17/2011 11:57 AM

To: Robyn Martin

CC:

Subject: Follow up for sales position interview

Attachments:

Dear Robin,

I wanted to follow up in response to the message you left yesterday on my cell phone about a possible sales position interview for the Brooks Brothers store to open at 86th Street and Madison Ave. I am very interested in talking to you about a position. Perhaps we can talk Friday when you return to your office.

Sincerely, Judy Parnes

[REDACTED]

*Non-*

*Marc 20 S- 265  
on schedule 3/28 10:30*

*Suit for  
Dryclean*

**EMPLOYMENT APPLICATION**

# RETAIL BRAND ALLIANCE

ADRIENNE VITTADINI BROOKS BROTHERS CAROLEE

100 Phoenix Avenue, P.O. Box 1700  
Enfield, CT 06083-1700

**PERSONAL INFORMATION**

Date of Application		Position Applying For <i>Sales Associate</i>		Other positions for which you are qualified:	
Last Name <i>PARNES</i>		First Name <i>JUDITH</i>		Middle Name <i>K.</i>	
Present Street Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	How long have you live there? Yr. <i>30</i> Mo.
Prior Street Address		City	State	Zip Code	How long did you live there? Yr. Mo.
Daytime Phone [REDACTED]	Evening Phone <i>same</i>	Social Security Number [REDACTED]		Do you have a reliable means of transportation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
E-mail Address [REDACTED]	When can you start? <i>APRIL</i>	Schedule desired: <input type="checkbox"/> Full Time Days <input type="checkbox"/> Full Time Evenings <input type="checkbox"/> Part Time Days <input type="checkbox"/> Part Time Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Seasonal		Company/Division Applying To: <input type="checkbox"/> Adrienne Vittadini <input type="checkbox"/> Brooks Brothers <input type="checkbox"/> Carolee	

**MISCELLANEOUS INFORMATION**

List all friends and relatives currently working for us and their location.		Will you now or in the future require sponsorship for a visa? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please give details. A prior conviction will not automatically disqualify you from employment. <small>In the state of California only, if you were convicted of unlawful possession and/or transport of marijuana per subdivision (a) or (b) of Section 11361.5 of California's Health and Safety Code, more than two years before the date of completion of this application, you may answer no to this question.</small>
How were you referred to us? <i>Career opportunity posting by Brooks Brothers</i>		Have you undergone a name change that would hinder our ability to check your previous work history. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, please explain.	
Have you ever worked for:			
<input type="checkbox"/> Adrienne Vittadini	<input type="checkbox"/> Caren Charles	<input type="checkbox"/> Casual Corner Outlet/Annex	<input type="checkbox"/> Petite Sophisticate Outlet/Annex
<input type="checkbox"/> August Max	<input type="checkbox"/> Career Image	<input type="checkbox"/> Casual Corner Women Outlet/Annex	<input type="checkbox"/> Sunglass Hut
<input type="checkbox"/> August Max Women	<input type="checkbox"/> Career Image Company Store	<input type="checkbox"/> Lenscrafters	<input type="checkbox"/> Ups & Downs
<input type="checkbox"/> Brooks Brothers	<input type="checkbox"/> Carolee Designs	<input type="checkbox"/> Pappagallo	<input type="checkbox"/> U.S. Shoe
<input type="checkbox"/> Capezio	<input type="checkbox"/> Casual Corner	<input type="checkbox"/> Petite Sophisticate	<input type="checkbox"/> Watch World/Watch Station
If yes, please explain:			
<input checked="" type="checkbox"/> None			

**WORK HISTORY**

LIST YOUR PREVIOUS EXPERIENCE BEGINNING WITH YOUR MOST RECENT POSITION (Including Military Service, if applicable)				
Start Date	Employer Name	Starting Position	Starting Salary	Major Duties
<i>7 / 15 / 2008</i>	<i>Judith Parnes Style Consultant</i>		\$	<i>* See Attached Resume and Reference List</i>
<i>1 / Present</i>			\$	
List Three Management References:		1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone
<i>see attached</i>				<i>Reason for leaving: Looking for Retail sales position</i>
Start Date	Employer Name	Starting Position	Starting Salary	Major Duties
<i>10 / 25 / 2004</i>	<i>Saks Fifth Ave</i>	<i>Sales Associate</i>	\$	<i>dress plus commission</i>
<i>6 / 27 / 2008</i>			\$	
List Three Management References:		1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone
<i>see attached</i>				<i>Reason for leaving: Start own business</i>
Start Date	Employer Name	Starting Position	Starting Salary	Major Duties
<i>1 / 1996</i>	<i>Weill Cornell Medical Co.</i>	<i>Sales Rep</i>	\$	
<i>1 / 2000</i>			\$	
List Three Management References:		1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone
<i>see references</i>				<i>Reason for leaving: Returned to school. <i>Close</i></i>

### WORK HISTORY

Start Date / / 1988	Employer Name M. Atchew Communication	Starting Position Account Executive	Starting Salary \$	Major Duties See ATTACHED RESUME + References
Date Left / / 1996	Address	Final Position	Current Salary \$	
List Three Management References: See references	1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone	Reason for leaving New marketing position

In the past seven years have you been asked to leave the employ of any employer listed or not listed on this application? Yes  No

### EDUCATION AND TRAINING

Type of School	Name and Address of School	Highest Grade Comp	Course of Study	Did you Graduate?	List Diploma or Degree
High School	ALTOONA HIGH SCHOOL (Pennsylvania)	9 10 11 (12)	College Prep	(Yes) No	
College	UNIVERSITY of Pittsburgh	13 14 15 (16)	English + Education	(Yes) No	B.S.
Other (Specify) College	University of Pennsylvania	(17) 18 19 20	Education	Yes (No)	
Business or Trade College	Fashion Institute of Technology	1 (2) 3 4	Image Consulting	(Yes) No	Certification

### SPECIAL SKILLS

<input type="checkbox"/> Typing ( _____ WPM)	<input checked="" type="checkbox"/> Computers (List Programs you know) <i>Word, some excel, email, internet</i>
<input type="checkbox"/> Word Processing Equipment/Programs	<input type="checkbox"/> Other Skills

### AVAILABILITY - (Hours Available For Work)

Days of the Week	From Time:	To Time:	Comments
Monday			Full day - Can be flexible
Tuesday			
Wednesday			Full day
Thursday			Full day
Friday			Full day
Saturday			
Sunday			

I am aware that frequent absences in violation of the Attendance Policy can create a hardship for coworkers and the Company. I am also aware that compliance with the Attendance Policy is an essential function of the job I am seeking. If hired, I can comply with the policy with or without reasonable accommodation. Yes  No

### DRUG FREE WORK PLACE

Retail Brand Alliance is a Drug-Free Company. As required by our Drug-Free Work Place Policy, all prospective Associates are required to take a drug test prior to being hired with the Company. A summary of this policy is described below.

***If you currently use illegal drugs or abuse legal drugs, you will not be hired.***

#### SCOPE OF POLICY

This policy applies to all Applicants and Associates of Retail Brand Alliance.

#### POLICY VIOLATIONS

The Company feels strongly that drug use in the work place can undermine individual job performance, the security of other Associates and the Company's business. As a result, the following activities are prohibited while on Company premises or while on Company business:

- Using or having detectable levels of illegal drugs in your system or abuse of any drug, controlled substance or chemical.
- Using prescription drugs for any purpose other than as prescribed or by anyone other than the person to whom prescribed.
- The purchase, sale, transfer, possession, manufacture, or distribution of illegal drugs, controlled substances or chemicals.

Engaging in any of these activities will result in disciplinary action, up to and including termination.

#### DRUG TESTING

The Company reserves the right to test applicants and in certain situations test Associates for evidence of substance abuse. Test will screen for abuse of compounds including, but not limited to the following:

- Amphetamines
- Barbiturates
- Propoxyphene

- Cocaine
- Codeine
- Methadone

- Methaqualone
- Morphine
- Benzodiazepines

- Marijuana
- Phencyclidine (PCP)

- Offers of employment will only be made upon successfully passing a Urinalysis Test \*(See exceptions listed in the acknowledgement and consent section of this form).
- No applicant may be considered for regular employment who has not signed the Drug Screening Consent and Release Form.

#### EMPLOYMENT DOCUMENTS

If the Company offers you a position, you will be asked to sign several documents relative to your employment. We have reproduced some of those documents here, along with a brief description for your information only. Should the Company offer you a position and you refuse to sign these documents, the offer of employment will be withdrawn.

#### PLEASE READ EACH STATEMENT CAREFULLY

As you probably know, we generally check references offered by employment applicants, and may go to suitable sources for additional information. Our objective is to obtain information on ability, previous job performance, character and reputation, for the sole purpose of considering you for employment. The state of Maryland, public law 91-508 requires us to tell you this. On your written request, additional information on the nature and scope of inquiries, if any are made, will be provided.

I certify that the information that I have provided on my application, resume, given verbally, or provided on any other material, is true to the best of my knowledge and understand that falsification and/or omission of this information may result in dismissal in accordance with Company Policy. The Company in considering my application for employment may verify the information set forth on this application with exception to any disclosure of disability and/or medical information as prohibited by the ADA. I agree that, before and, in the event that I am hired, at any time during my employment, the Company, in its discretion, may investigate my employment history, education, financial integrity, credit worthiness, and any other aspect of my background and confirm that I have no prior criminal record. For this purpose, I specifically hereby authorize the Company to obtain such credit reports, background checks and other information as may be useful.

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#### ACKNOWLEDGMENT AND CONSENT

##### ACKNOWLEDGEMENT

I hereby acknowledge that I have read and understand all statements made on this application.

##### PRE-EMPLOYMENT AND POST-EMPLOYMENT DRUG SCREENING CONSENT.

I hereby give my voluntary consent for a urine sample to be collected from me and submitted for a drug or controlled substance abuse screening test. I understand that any positive result from such test will preclude my being offered employment (if an applicant) or terminate my continued employment (if current Associate). Further, I understand my failure to execute this voluntary consent will result in my not being further considered for employment (if an applicant).

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##### STATE EXCEPTIONS TO THE POLICY INCLUDE:

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I understand that I will be given an offer of employment prior to submitting to the required pre-employment substance abuse screening test. I further understand that I cannot and will not be hired until I have SUCCESSFULLY completed a pre-employment substance test. I understand I will be given advance written notice of this requirement. I understand that the substances that I will be tested for include but are not limited to those indicated on the top of this page.

NAME (Please print) JUDITH K. PARRIS Date \_\_\_\_\_

SIN# 2137  
FORM# 670-9  
REV 9/06

Signature: \_\_\_\_\_

**OUR EMPLOYMENT POLICY**

EQUAL OPPORTUNITY FOR ALL WITHOUT REGARD TO ANY  
PROTECTED CLASS STATUS AS DEFINED BY FEDERAL, STATE OR LOCAL LAW

**NO SMOKING POLICY**

THE FACILITIES OF RETAIL BRAND ALLIANCE INC.  
PROHIBITS SMOKING ON THE PREMISES

**R**ETAIL **B**RAND **A**LLIANCE

100 Phoenix Avenue, P.O. Box 1700  
Enfield, CT 06083-1700



FAX COVER LETTER

DATE: August 16th, 2011

TO: Laura Rovelli

FAX #: (860) 741-6285

FROM: Kenard Gabriel / Store# 6164

FAX #: 212.369.2697

NO. OF PAGES: 3 (including cover page)

COMMENTS: [REDACTED] Termination Papers.

BROOKS BROTHERS

JOB #605

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	STATUS
001	2/24	16:34	860 741 6285 EC--S	01' 29"	004	OK

### HIPAA CONFIDENTIALITY AGREEMENT

I, [REDACTED], have read and understand Retail Brand

Alliance, Inc.'s policies regarding the privacy of individually identifiable health information (or Protected Health Information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that this notice serves as my initial training in RBA's policies concerning PHI use, disclosure, storage and destruction as required by HIPAA.

In consideration of my employment or compensation from Retail Brand Alliance, Inc., I hereby agree that I will not at any time, either during my employment or association with RBA, or after my employment or association ends, use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with RBA, as set forth in RBA's privacy policies and procedures or as permitted by HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with RBA, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Retail Brand Alliance, Inc., policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including termination of employment or association with Retail Brand Alliance, Inc., and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will remain in effect even after the termination of my employment or end of my association with Retail Brand Alliance, Inc., regardless of the reason for such termination.

Signature:

[REDACTED SIGNATURE]

Date:

2/23/11

Associate ID No.:

[REDACTED ID]

*Please make 3 copies and distribute as follows:*

**Associate**

**Store Associate File**

**Benefits Department ( fax this form to the People Services Department at (860)741-6285 or (860)741-3171)**

BROOKS BROTHERS

JOB #605

DATE	TIME	TO./FROM	MODE	MIN/SEC	PGS	STATUS
001	2/24	16:34	860 741 6285	EC--S	01' 29"	004 OK

### HIPAA CONFIDENTIALITY AGREEMENT

I,  have read and understand Retail Brand Alliance, Inc.'s policies regarding the privacy of individually identifiable health information (or Protected Health Information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that this notice serves as my initial training in RBA's policies concerning PHI use, disclosure, storage and destruction as required by HIPAA.

In consideration of my employment or compensation from Retail Brand Alliance, Inc., I hereby agree that I will not at any time, either during my employment or association with RBA, or after my employment or association ends, use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with RBA, as set forth in RBA's privacy policies and procedures or as permitted by HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with RBA, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Retail Brand Alliance, Inc., policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including termination of employment or association with Retail Brand Alliance, Inc., and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will remain in effect even after the termination of my employment or end of my association with Retail Brand Alliance, Inc., regardless of the reason for such termination.

Signature:  Date: 2/23/11  
 Associate ID No.: 

*Please make 3 copies and distribute as follows:*

**Associate**  
**Store Associate File**  
**Benefits Department ( fax this form to the People Services Department at (860)741-6285 or (860)741-3171)**



# **Union Exhibit 50**

## Marshall, Joyce

---

**From:** Jefferson Healey <jefferson.healey@brooksbrothersstores.com>  
**Sent:** Sunday, March 03, 2013 3:33 PM  
**To:** David Warren  
**Subject:** Re: props

Hooray!

---

**From:** "David Warren" <DWarren@BrooksBrothers.com>  
**To:** "Jefferson Healey" <jefferson.healey@brooksbrothersstores.com>  
**Sent:** Friday, March 1, 2013 4:16:14 PM  
**Subject:** RE: props

Paul and Nancy will order women's artwork for the fitting rooms. That way we don't have to change the images, they are permanent. This artwork comes framed. Nancy will pick frames that are suitable.

---

**From:** Jefferson Healey [<mailto:jefferson.healey@brooksbrothersstores.com>]  
**Sent:** Friday, March 01, 2013 4:00 PM  
**To:** David Warren  
**Cc:** Chris Ortiz  
**Subject:** Re: props

David,

I am very excited about the props that you "found" at Enfield. I think the aqua pedal car would be a good fit for us. I'm also really excited about the wicker furniture. I've got a few places in mind that will be cute. The directors chairs could be great for next year's nautical windows. Can you leave them in storage but put my store number on them? Let me know what you label them and I'll add them to my excel sheet. As for the sail boats, the more the merrier!!

I don't know why my email won't accept photos. It's very frustrating. You can send any photos along to my phone or my personal email. I'm sure you have my phone number but just in case: 801.885.9303 or email me at [jeffersonhealey@gmail.com](mailto:jeffersonhealey@gmail.com). Send me the desk photos and we'll take a look.

I also emailed Paul about the fitting room images. In your previous email you said he is just going to order images. Do you mean fleece images, or are we going to change them to women's images like we discussed? If they're Fleece I can send you measurements, if we go ahead with the women's update we'll have to talk about what frames are available.

Thanks for peeking around in the prop warehouse for me. I'm very excited!

Best,  
Jefferson

---

**From:** "David Warren" <DWarren@BrooksBrothers.com>  
**To:** "Jefferson Healey" <jefferson.healey@brooksbrothersstores.com>  
**Cc:** "Chris Ortiz" <[cortiz@BrooksBrothers.com](mailto:cortiz@BrooksBrothers.com)>

**Sent:** Friday, March 1, 2013 3:02:07 PM

**Subject:** props

Hi Jefferson,

I was in Enfield yesterday at our warehouse where we are storing our visual items and there were some things in storage that Paul requested I send to you. I tried to email you photos of them but the email was rejected.

There are two pedal cars. One is red and one is aqua. It would look cute on your ledge displays. Let me know which color you would like. There is also a set of white child-size wicker furniture. There is a settee and a matching chair. They would also look cute on your girl's ledge display. There is also two blue and white child-size director's chairs. If you would like them as well, you can have them. There are also some sailboats that would work well on your ledge displays or in the windows. I believe there are 2 or 3 of them. Let me know if you would like one.

Thanks!

David

*David Warren*

*Regional Merchandise Manager, NY/C*

*[dwarren@brooksbrothers.com](mailto:dwarren@brooksbrothers.com)*

*Office: 212-309-7392*

*Cell: 464-532-1459*

--

Jefferson Healey  
Visual Coordinator  
1180 Madison Avenue  
212.289.5027

--

Jefferson Healey  
Visual Coordinator  
1180 Madison Avenue  
212.289.5027

# **Union Exhibit 51**

**Marshall, Joyce**

**From:** Ilias Alafiris <IAlafiris@BrooksBrothers.com>  
**Sent:** Monday, April 01, 2013 12:58 PM  
**To:** 6164 1180 Madison Ave; Chris Ortiz; David Warren; Jefferson Healey  
**Subject:** Gatsby Styles

<b>Subject</b>	299	6164
<b>Planning Level</b>	<b>Class</b>	1180Mad
<b>Class</b>	21A	01NYC
<u>Hide Columns</u>	<u>Hide A-P Only</u>	<u>Und Grades&amp;Ref</u> <u>Pull</u>
<u>Unhide Columns</u>		5-Cas Bus
<u>Unhide A-P</u>		

**PRODUCT DETAILS**

5

<b>Style</b>	<b>Style</b>	3-Bst C 4-B 6-N/A
<b>Number</b>	<b>Description</b>	
000000- 00000000		
req	req	3C4
49		29 227

**Great Gatsby - Tailored Clothing**

000000- 80149026	IvoryLinenJkt	4
000000- 82964026	IvoryLinenPant	6
000000- 80179026	LtBrownLinenVest	4
000000- 80187026	JazzPeakTuxJkt	4
000000- 82965026	JazzTuxTrsHighRise	4
000000- 80219026	RegattaBlzrBurgStp	4
000000- 80217026	TippedBlzr	4
000000- 81672026	RegattaBlzrRedWhtNavy	
000000- 82966026	GreyCtnTwillTrs	6
000000- 80209026	TattersalVest	
000000- 82967026	LtBrownLinenTrs	
000000- 80199026	WoolLinenJkt	
000000- 80211026	PinkStripedLinenJkt	
000000- 82968026	PinkStripedLinenTrs	

14	8
	36

Great Gatsby Dress Shirts		
000000- 81367026	RF Wht PBD Sld Oxford SL	24
000000- 81370026	NI Wht Tens FC Sld SL	36
000000- 81372026	NI BI Tens EOE Sld SL	30
000000- 81374026	NI BI Wt Glf FC EOE Stripe SL	28
000000- 81375026	RF Self Glf Ecru Oxford SL	
5		4
		118

Great Gatsby Ties		
000000- 81677026	BurgPink LgBB#4 Strp	8
000000- 81678026	Gld Strp	6
000000- 81683026	BurgWht BB#1 Strp	5
000000- 81685026	Nvy Splt BB#4 Strp	
000000- 81686026	BurgGold BB#1 Strp	6
000000- 81687026	Gold Ombre Plaid	4
000000- 81688026	BrnRedWht Lattice	
000000- 81689026	Rust Sdwlr Gnghm	3
000000- 81690026	Nvy Alt Dot Wpane	
000000- 81691026	Nvy Fleur Motif	2
000000- 82975026	LB Micro Neat	
000000- 82976026	Wht Micro Neat	
000000- 81693026	Nvy Sqr Bweave	5
13		8

## Great Gatsby Bow Ties

000000- 81704026	Gold Ombre Plaid Bow	
000000- 81708026	BurgWht BB#1 Strp Bow	4
000000- 81705026	BrnRedWht Lattice Bow	2
000000- 81706026	Rust Sdwlr Gnghm Bow	2
000000- 81707026	Nvy Fleur Motif Bow	2

5

4

10

## Great Gatsby Formal Ties

000000- 81669026	Blk Maze BacklessVest	6
000000- 80318026	Blk Maze BatWing BowTie	4
000000- 80319026	Blk Sid WhtTip SqEnd BowTie	2
000000- 80320026	Blk BB#1Rib Bfly BowTie	
000000- 80321026	Ivory Stp SqEnd BowTie	2
000000- 80322026	Ivory Ltce Bfly BowTie	

6

4

14

## Great Gatsby Formal Accessories

000000- 82775026A	IvorySuspender	
000000- 82776026A	BlackSuspender	4

2

1

4

## Great Gatsby Shoes

000000- 81544026A	BrnWhtSpecWingTip	
----------------------	-------------------	--

3

000000- 81551026A	BrnWhtSpecPennyLoafer	
000000- 81557026A	WhtWingTipBuck	
000000- 83165026A	AE BrnWhtSpecWingTip	6
4		1 6

<b>Great Gatsby Sweaters</b>		
000000- 80955026	Great Gatsby Swtr (shawl cardigan)	5
1		1 6

<b>Great Gatsby Accessories</b>		
000000- 20844026	BRN GREY HOUND WALKING STICK	
000000- 82226026	WHEAT STRAW BOATER RD NVY RBBN	1
000000- 82351026	WHEAT STRAW BOATER NVY/WHT RBBN	
000000- 94120026	The New Great Gatsby Book	3

4	2
	4

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49	29
	227

Ilias Alafris  
Regional Store Planner Central Region/NYC Region  
Office: 212-309-7336  
Cell: 646-477-6258

**Marshall, Joyce**

---

**From:** Kathryn Knight-Wise <kknight-wise@BrooksBrothers.com>  
**Sent:** Wednesday, April 03, 2013 5:31 PM  
**To:** Mike Kelly; Alfred Mirabella; Ronald Ferguson; Elizabeth Appleyard; Paul Morris; Christina De Croce; David Warren  
**Subject:** FW: Gatsby Party at Madison April 25

FYI KKW

Kathryn Knight-Wise  
NYC Regional Vice President/GM Madison Avenue  
Brooks Brothers  
346 Madison Avenue  
New York, New York 10017  
t: 212-309-7277  
c: 646-639-1552  
[kknight-wise@brooksbrothers.com](mailto:kknight-wise@brooksbrothers.com)

---

**From:** Kelly Thomas  
**Sent:** Wednesday, April 03, 2013 5:28 PM  
**To:** Kathryn Knight-Wise  
**Subject:** RE: Gatsby Party at Madison

Hello,

So nice to meet you!

The event is Thursday, April 25<sup>th</sup> from 6:00 – 8:00PM.

I will send an e-mail shortly with all our events in the NYC area for the Spring season.

Kelly

Manager, Public Relations  
Brooks Brothers  
346 Madison Avenue  
New York, NY 10017  
212-885-6842

---

**From:** Kathryn Knight-Wise  
**Sent:** Wednesday, April 03, 2013 4:18 PM  
**To:** Kelly Thomas  
**Subject:** Gatsby Party at Madison

Hello Kelly,  
Great meeting you yesterday. What is the date for the Madison Ave, Gatsby party?  
Best,  
Kathryn

Kathryn Knight-Wise  
NYC Regional Vice President/GM Madison Avenue  
Brooks Brothers  
346 Madison Avenue  
New York, New York 10017  
t: 212-309-7277  
c: 646-639-1552  
[kknight-wise@brooksbrothers.com](mailto:kknight-wise@brooksbrothers.com)

# **Union Exhibit 52**

## Marshall, Joyce

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**From:** Nancy Kochan <NKochan@BrooksBrothers.com>  
**Sent:** Tuesday, April 09, 2013 6:03 PM  
**To:** David Warren  
**Cc:** Chris Ortiz; Jefferson Healey  
**Subject:** RE: women's art

Please refresh my memory as to the wallpaper. Is it the blue/white stripe?

---

**From:** David Warren  
**Sent:** Tuesday, April 09, 2013 2:55 PM  
**To:** Nancy Kochan  
**Cc:** Chris Ortiz; Jefferson Healey  
**Subject:** RE: women's art

Unfortunately I just cleaned out my store files because my mailbox was full. We spoke about it several weeks ago. We have about four 30 x 40 images in the hallway in blue frames and blue kids frames in the fitting rooms. You suggested ordering artwork and I thought that was what we were doing. Is this possible?

---

**From:** Nancy Kochan  
**Sent:** Tuesday, April 09, 2013 2:47 PM  
**To:** David Warren  
**Cc:** Chris Ortiz; Jefferson Healey  
**Subject:** RE: women's art

Hi David,

When was this requested? I can't find anything in my notes.

Nancy

---

**From:** David Warren  
**Sent:** Tuesday, April 09, 2013 1:51 PM  
**To:** Nancy Kochan  
**Cc:** Chris Ortiz; Jefferson Healey  
**Subject:** women's art

Hi Nancy,

Did you order women's art for the fitting rooms at 1180 Madison (store 6164)?

*David Warren*

*Regional Merchandise Manager, NYC*

*[dwarren@brooksbrothers.com](mailto:dwarren@brooksbrothers.com)*

*Office: 212-309-7392*

*Cell: 464-532-1459*

# **Union Exhibit 53**

## Marshall, Joyce

---

**From:** Jefferson Healey <jefferson.healey@brooksbrothersstores.com>  
**Sent:** Thursday, April 25, 2013 2:55 PM  
**To:** David Warren  
**Cc:** Chris Ortiz  
**Subject:** Re: mannequins

Let's talk about this!!!

---

**From:** "David Warren" <DWarren@BrooksBrothers.com>  
**To:** "6002 Liberty Plaza" <ST06002@BrooksBrothers.com>, "6108 Rockefeller Center" <ST06108@BrooksBrothers.com>, "6161 Broadway" <ST06161@BrooksBrothers.com>, "6164 1180 Madison Ave" <ST06164@brooksbrothersstores.com>, "6171 901 Broadway" <ST06171@brooksbrothersstores.com>, "6179 2381 Broadway" <st06179@brooksbrothersstores.com>  
**Cc:** "Christina De Croce" <cdecroce@brooksbrothers.com>, everettm81@gmail.com, "Luis Leon" <luis.leon@brooksbrothersstores.com>, "Jefferson Healey" <jefferson.healey@brooksbrothersstores.com>, "Mateus Viera" <VM06062@BrooksBrothers.com>, "Aaron Bell" <aaron.bell@brooksbrothersstores.com>, "Kathryn Knight-Wise" <kknight-wise@BrooksBrothers.com>  
**Sent:** Thursday, April 25, 2013 2:01:57 PM  
**Subject:** mannequins

Hello stores,

The corporate visual office is preparing the budget for next year and is inquiring if any stores would like to invest in mannequins. Even if mannequins are included in the budget, it doesn't mean the budget will be approved.

Paul feels that stores that want to use mannequins in their windows should use mannequins for all divisions; men's, women's and kids. You would continue to use forms in your interiors.

A couple of things to bear in mind, mannequins are quite expensive and they will require shoes.

If you feel like you would like to inquire about getting mannequins, please reach out to me and we will discuss the best option for your store.

Thanks!

David

*David Warren*

*Regional Merchandise Manager, N&E*

*dwarren@brooksbrothers.com*

*Office: 212-309-7392*

*Cell: 464-532-1459*

--  
Jefferson Healey  
Visual Coordinator  
1180 Madison Avenue  
212.289.5027

# **Union Exhibit 54**

## **Marshall, Joyce**

---

**From:** David Warren <DWarren@BrooksBrothers.com>  
**Sent:** Monday, April 29, 2013 12:11 PM  
**To:** Jefferson Healey  
**Cc:** Chris Ortiz  
**Subject:** Gatsby windows

Hi Jefferson,

Please forward me photos of your finalized Gatsby windows. The corporate office wants to see photos of all store windows.

Thanks!

David

*David Warren*

*Regional Merchandise Manager, M&F*

*[dwarren@brooksbrothers.com](mailto:dwarren@brooksbrothers.com)*

*Office: 212-309-7392*

*Cell: 404-532-1459*

# **Union Exhibit 55**

**Marshall, Joyce**

---

**From:** Marisa Moore <MMoore@BrooksBrothers.com>  
**Sent:** Wednesday, May 08, 2013 9:19 AM  
**To:** David Warren  
**Subject:** Store opening

Hey David,

Hope you are doing well. I wanted to ask a favor- I am not sure if Jefferson is planned to attend San Fran but if not we are opening a new women's/Fleece store in Riverside Mall- Hackensack NJ. I would love for him to participate. The dates are July 20th thru the 24th.

Let me know

Thanks  
Marisa

# **Union Exhibit 56**

**Marshall, Joyce**

---

**From:** David Warren <DWarren@BrooksBrothers.com>  
**Sent:** Tuesday, May 28, 2013 9:40 AM  
**To:** Jefferson Healey  
**Subject:** RE: bike

Hi Jefferson,

Welcome back. My holiday was nice, pretty quiet. I hope you had fun on yours.

Yes, the Father's Day windows are grass and boxwood. I can get you some from storage but I don't know how much you need. We don't really specify how much is in a box when we send it out. I guess I can get you a few boxes and hope that it's enough.

I have a copy of the Father's Day windows but I can't email it to you because Zimbra can't handle files with photos in them. One window features Golden Fleece and the other features polo button-downs. Both windows have a marketing image and a decal. I have requested a sign for stores that cannot use decals. I believe all of this will be communicated by the Store Communications team. Obviously you will need to wait for the marketing to show up before you can install them.

If there is a truck coming down this week, would you like me to get you some grass? (Sounds like a drug deal, LOL).

---

**From:** Jefferson Healey [<mailto:jefferson.healey@brooksbrothersstores.com>]

**Sent:** Tuesday, May 28, 2013 9:20 AM

**To:** David Warren

**Subject:** Re: bike

David,

I am so excited about the bike! Thank you I was out of town for the holiday and am just now checking my emails. I hope that you had a good holiday.

I am definitely in need of some grass. I will need enough to do one window. Have you seen the photos for the Father's Day windows yet? Will they be outdoor?

Let me know.

Thanks!

---

**From:** "David Warren" <DWarren@BrooksBrothers.com>  
**To:** "Jefferson Healey" <[jefferson.healey@brooksbrothersstores.com](mailto:jefferson.healey@brooksbrothersstores.com)>  
**Cc:** "Chris Ortiz" <[chris.ortiz@brooksbrothersstores.com](mailto:chris.ortiz@brooksbrothersstores.com)>  
**Sent:** Friday, May 24, 2013 10:39:26 AM  
**Subject:** bike

Good morning Jefferson,

During my visit to the warehouse in Enfield yesterday I tagged this bike for you. I will confirm a delivery date when I get one. I know the trucker is picking it up today. Do you still need some grass?

*David Warren*

*Regional Merchandise Manager, M&C*

*dwarren@brocksbrothers.com*

*Office: 212-309-7892*

*Cell: 464-532-1459*

--

Jefferson Healey  
Visual Coordinator  
1180 Madison Avenue  
212.289.5027

# **Union Exhibit 57**

## Marshall, Joyce

---

**From:** David Warren <DWarren@BrooksBrothers.com>  
**Sent:** Monday, June 10, 2013 11:23 AM  
**To:** Jefferson Healey  
**Subject:** RE: 1180 prop delivery

Hi Jefferson,

I think you can keep what you are using and put it into your inventory.

Do you have the item numbers so I can take them out of the store 6001 file?

Whatever you didn't use can be sent back to storage.

I will let you know when there is another truck scheduled to come to the city.

If you have a box of scraps I think it can be thrown out or sent back to storage if you think it's still usable.

David

---

**From:** Jefferson Healey [<mailto:jefferson.healey@brooksbrothersstores.com>]  
**Sent:** Friday, June 07, 2013 3:55 PM  
**To:** Jill Wing  
**Cc:** David Warren  
**Subject:** Re: 1180 prop delivery

Jill,

Thanks again for getting me what I needed for the window. I have quite a few boxes left over. I have 5 large boxes and 3 rolls of grass. Two of the boxes are plastic grass mats. Two are boxwood (mostly scraps). One is grass. I attached their original labels to them. I added the ones that I used to my inventory Excel sheet and noted that they all originally belonged to 6001. Should I plan to keep them for future outdoor windows, or we will be ordering more for our store next year?

Thanks again.

---

**From:** "Jill Wing" <[JWing@brooksbrothers.com](mailto:JWing@brooksbrothers.com)>  
**To:** "Jefferson Healey" <[jefferson.healey@brooksbrothersstores.com](mailto:jefferson.healey@brooksbrothersstores.com)>  
**Sent:** Tuesday, June 4, 2013 10:40:29 AM  
**Subject:** RE: 1180 prop delivery

Ok. Let me know what you have and I will have Steve pick-up any extra grass or boxwood for delivery back to Manning Road.

*Jill*  
#860-741-4767

---

**From:** Jefferson Healey [<mailto:jefferson.healey@brooksbrothersstores.com>]  
**Sent:** Tuesday, June 04, 2013 9:42 AM  
**To:** Jill Wing  
**Subject:** Re: 1180 prop delivery

Thank you so much, Jill. I really appreciate it. Everything arrived yesterday and I'll install this week. I definitely have enough, and will most likely have some left over. If folks in the city need any boxwood or turf let me know. I should know by Thursday exactly how much I'll have left over.

Thanks again!

---

**From:** "Jill Wing" <JWing@brooksbrothers.com>  
**To:** "Jefferson Healey" <jefferson.healey@brooksbrothersstores.com>  
**Sent:** Monday, June 3, 2013 1:37:09 PM  
**Subject:** RE: 1180 prop delivery

Brian Williams should be at your store between 5:00pm – 6:00pm today.

*Jill*  
#860-741-4767

---

**From:** Jefferson Healey [mailto:jefferson.healey@brooksbrothersstores.com]  
**Sent:** Monday, June 03, 2013 11:41 AM  
**To:** Jill Wing  
**Subject:** 1180 prop delivery

Jill,

Hey. This is Jefferson at 1180 Madison. I saw you correspondence with David about the boxes of grass that are coming my way. I was just curious when I should look out for their arrival.

Thank you so much for your help.

--  
Jefferson Healey  
Visual Coordinator  
1180 Madison Avenue  
212.289.5027

--  
Jefferson Healey  
Visual Coordinator  
1180 Madison Avenue  
212.289.5027

--  
Jefferson Healey  
Visual Coordinator  
1180 Madison Avenue  
212.289.5027

# **Union Exhibit 58**

## Marshall, Joyce

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**From:** David Warren <DWarren@BrooksBrothers.com>  
**Sent:** Monday, June 10, 2013 12:47 PM  
**To:** Chris Ortiz  
**Cc:** Jefferson Healey  
**Subject:** FW: SAS signs and decals

Hey Chris,  
For some reason the marketing department is still confused about sign formats for your store. At this time they have not ordered signs that replace the decals for your store. Have you been receiving easel signs on a regular basis?

---

**From:** David Warren  
**Sent:** Monday, June 10, 2013 12:43 PM  
**To:** 6001 Madison Avenue; 6002 Liberty Plaza; 6108 Rockefeller Center; 6161 Broadway; 6164 1180 Madison Ave; 6179 2381 Broadway  
**Cc:** Kathryn Knight-Wise; Mike Kelly; Christina De Croce; 'everettm81@gmail.com'; Luis Leon; 'Jefferson Healey'; Patrick Young  
**Subject:** SAS signs and decals

Good afternoon stores,  
I am sending a breakdown of what each of you are currently scheduled to receive for SAS marketing. Each store will receive signage in two formats and the stores that can use window decals will receive them. Stores that can't use decals will receive 17" x 20" signs instead. Please review what is planned to be ordered for your store and get back to me ASAP with any requested changes. Thanks!  
David

**Store 6001**

30 x 40 easel sign- 6  
48 x 60 banner- 3  
Window decals- 9

**Store 6002**

30 x 40 easel sign- 1  
48 x 60 banner- 1  
Window decals- 2

**Store 6108**

30 x 40 easel sign- 1  
48 x 60 banner- 2  
Window decals- 0  
17 x 20 sign- 2

**Store 6161**

30 x 40 easel sign- 1  
48 x 60 banner- 1  
Window decals- 2

**Store 6164**

30 x 40 easel sign- 0  
48 x 60 banner- 1  
Window decals- 0

**Store 6179**

30 x 40 easel sign- 1  
48 x 60 banner- 1  
Window decals- 2

*David Warren*

*Regional Merchandise Manager, NFL*

*[dwarren@bracksbrothers.com](mailto:dwarren@bracksbrothers.com)*

*Office: 212-309-7392*

*Cell: 464-532-1459*

# **Union Exhibit 59**

**Marshall, Joyce**

---

**From:** David Warren <DWarren@BrooksBrothers.com>  
**Sent:** Tuesday, March 05, 2013 8:28 AM  
**To:** Joe McGinty  
**Subject:** RE: props transfer

I just spoke to Mohamed. We may do it this afternoon or tomorrow morning.

---

**From:** Joe McGinty  
**Sent:** Tuesday, March 05, 2013 6:54 AM  
**To:** David Warren  
**Subject:** RE: props transfer

We can do this tomorrow morning 8 am

---

**From:** David Warren  
**Sent:** Monday, March 04, 2013 4:46 PM  
**To:** Joe McGinty  
**Subject:** props transfer

Hi Joe,

I need some props transferred from 346 Madison Ave. to 1180 Madison Ave. and a fixture transferred from 346 Madison Ave. to Lincoln Center (65<sup>th</sup> and Broadway).

What day would Mohamed be able to make these transfers for me?

David

*David Warren*

*Regional Merchandise Manager, NYC*

*[dwarren@brooksbrothers.com](mailto:dwarren@brooksbrothers.com)*

*Office: 212-309-7392*

*Cell: 464-532-1459*

# **Union Exhibit 60**

Message

---

**From:** Mel Walls [/O=CCGI/OU=CCGINAX1/CN=RECIPIENTS/CN=MWALLS]  
**Sent:** 8/22/2012 12:18:31 PM  
**To:** Mike Kelly [/O=CCGI/OU=RBA Stores/cn=Recipients/cn=MKELLY]  
**Subject:** RE: 1180 expansion

OK. Mel.

**From:** Mike Kelly  
**Sent:** Wednesday, August 22, 2012 12:15 PM  
**To:** Mel Walls  
**Subject:** Fwd: 1180 expansion

Mel, we are using non- union help at the 1180 Madison expansion next week. Want to be sure that's cool. A few visual and support associates only.

Mike

Begin forwarded message:

**From:** "Anne Alcocer" <[anne.alcocer@BrooksBrothers.com](mailto:anne.alcocer@BrooksBrothers.com)>  
**Date:** August 22, 2012 11:36:13 AM EDT  
**To:** "David Warren" <[DWarren@BrooksBrothers.com](mailto:DWarren@BrooksBrothers.com)>, "Lauren Brandt" <[lauren.brandt@brooksbrothersstores.com](mailto:lauren.brandt@brooksbrothersstores.com)>  
**Cc:** "Chris Ortiz" <[chris.ortiz@brooksbrothersstores.com](mailto:chris.ortiz@brooksbrothersstores.com)>, "Mike Kelly" <[MKELLY@BrooksBrothers.com](mailto:MKELLY@BrooksBrothers.com)>  
**Subject:** RE: 1180 expansion

Hi All,

Mateus is on for Wednesday through Friday.

Thanks,  
Anne

**From:** David Warren  
**Sent:** Wednesday, August 22, 2012 8:33 AM  
**To:** Anne Alcocer; Lauren Brandt  
**Cc:** Chris Ortiz; Mike Kelly  
**Subject:** 1180 expansion

Good morning, CEO's,

We will be starting the 1180 Madison Ave. expansion project on next Wednesday, 8/29.

Please have Mateus and Aaron report to the store that day. I will get back to you with a starting time.

We are planning to open the store on 9/1 which means we will need them Wednesday-Friday of next week.

Please confirm that you got this communication.

Thank you for your support!

David