



Zaia & Zaia LLC

MEAL BREAK WAIVER AGREEMENT

Employee Name (Please Print) _____

I agree to waive meal periods as follows:

First Meal Period

- I understand that I am entitled to an unpaid break of not less than 30 minutes for every five (5) hour period of time worked. However, I understand that I can waive the meal period when my total day's work will be completed within a work period of not more than six (6) hours.
- Accordingly, I agree to waive the meal period whenever my total day's work will be completed within a work period of not more than six (6) hours.

Second Meal Period

- I understand that I am entitled to a second unpaid meal break of not less than 30 minutes if I work more than ten (10) hours during a work day. However, I understand that I can wave the second meal period when my total day's work will be completed within a work period of not more than twelve (12) hours, as long as I did not wave the first meal period.
- Accordingly, I agree to wave the second meal period whenever my total day's work will be completed within a work period of not more than twelve (12) hours, as long as I did not wave the first meal period.

I enter into the agreement freely and voluntarily. I understand that this agreement can be revoked in writing by either me or the Zaia & Zaia LLC at any time.

Employee's Signature: _____ Date: _____

Supervisor Name (Please Print): _____

Supervisor's Signature: _____ Date: _____

Emergency Contact Form



Employee Name _____	Address _____
Phone Number _____	_____

Special Instructions:

In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

Emergency Contacts:

Primary Contact in case of emergency:			
Name	_____	Relationship	_____
Address	_____	Phone Number	_____
_____	_____	Alternate Phone Number	_____

Physician Contact

Doctor's Name	_____	Address	_____
Phone Number	_____	_____	_____

Employee Authorization

I have voluntarily provided the above contact information and authorize Zaia & Zaia LLC and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

Employee signature

Date



EQUIPMENT AGE REQUIREMENTS

No employee under the age of 16 is authorized to utilize the oven.

No employee under the age of 18 is authorized to utilize the mixer machine.

If you are unclear as to your specific duties or for which areas you are authorized to work, please see your manager.

Birthdate and Current Age

Signature

Print Name

Date

ZAIA&ZAIA LLC

ATTENDANCE AND PUNCTUALITY POLICY 2018

Regular attendance and punctuality are essential to the smooth operation of the company, so we ask that all employees be at their work areas at the start of each scheduled workday. Consistent and on-time attendance is a measure of dependability.

The policy stated below are to serve as guidelines. Managers, with the assistance of company ownership, may determine that an employee is abusing the attendance policy, even though the employee has not accrued many occurrences, and have the discretion to discipline the employee up to and including termination. Examples of abusing the policy are: an employee always calls off work on Fridays, Saturday or Sunday, Holidays, switching and giving away their scheduled hours based on their availability; and/or an employee is regularly 5 minutes or more late every shift, etc. **INITIAL:** _____

Incident: An incident is a term used to add occurrences from a perfect attendance record.

Perfect Attendance: No absences or tardiness in any quarter of the year.

Absences: An absence from work is defined as the failure of any employee to report to work when scheduled. This applies to any assignment, be it regular shift, overtime work, work related meetings, lunch, etc. One day of absence will be considered one incident. A second day of absence is considered a second incident, and so on. If however, a physician releases the employee from work in writing, the entire time of absence is only counted as one incident. Every incident can result in a written warning.

Tardy: Tardiness occurs when an employee is not present, and ready to begin working, at his/her workstation at their scheduled time. Tardiness also occurs when employee leaves work prior to the end of their scheduled shift without prior approval. Tardiness also occurs when an employee does not return to workstation once break or lunch period has been over. A manager at its discretion can give a 5 minute leeway, however every tardiness is considered one incident. 3 incident in any one month period will result in a written warning.

No Call/No Show: Employee must report their absences each time. Failure to do so is considered a No Call/No Show. Also, failure to report one's absence at least 3 hours

prior to the start of the schedule shift will be regarded as a No Call/No Show which is considered one incident. Every incident can result in a written warning.

Exception: Pre-approved time off request a pre-approved leave of absences will not count as incidents. An employee who fails to call in or report to work for 2 consecutive workdays is VOLUNTARILY TERMINATING their employment with the company.

Reporting Requirements: Employees must notify their manager at least 3 hours prior to the start of their scheduled shift if they are going to be absent or late. All occurrences require a written document showing cause for work missed. **INITIAL:** _____

Guidelines for Attendance Control: Based on the written warning policy, every incident may result in a written warning and an employee will be subject to disciplinary action, such as, suspension during any written occurrence or termination when its results in 3 written warnings or sever incidents. **INITIAL:** _____

*As our mission to encourage staffs punctuality, you will be rewarded for your **PERFECT** attendance:

INCENTIVE:

All employees with perfect QUARTELRY attendance (Jan-Mar, April-June, July-Sept, Oct-Dec) will receive a \$25 GIFT CARD as a show of our appreciation for your punctuality!
INITIAL: _____

I have read and understand the above guidelines and attendance policy.

Employee Name: _____

Employee Signature: _____

Employee Date Signed: _____



WIN WIN AGREEMENT

Employee Name: _____

To help us keep a professional and amazing work environment, we all are required to abide by some standards that are essential to our company's core values.

1. HONESTY
2. PUNCTUALITY
3. BE IN UNIFORM
4. TREATING EVERYONE WITH RESPECT
5. CLIENTS ARE MAIN PRIORITY
6. AMAZING FOOD QUALITY
7. HELP MY TEAM SUCCEED

All new hires are in a 90 day probation period. You are hired to work the schedule based on your availability from _____ to _____ on days of _____
_____ at the rate of
\$_____ per hour.

By signing this agreement, I agree and promise to do my best to uphold the standard of the company and to ensure that I support my peers to do the same, to ensure we continue to have an amazing work environment.

My name is _____, and I support and agree with the WIN-WIN Agreement.

Employee Signature: _____ Date: _____

Managers Signature: _____ Date: _____

Zaia & Zaia LLC Employee Direct Deposit Enrollment Form

General Instructions: (1) Fill out and sign this form, (2) Attach a voided check for each checking account (*not a deposit slip*) and (3) Return this to your Payroll Manager. If you want to deposit into a savings account, have your bank provide you with the account number and the routing and transit number (*it usually is not the number on a deposit slip*). See example at bottom.

Important! Employees, please read and sign the following before you complete and submit your account information.

The undersigned hereby authorizes his or her employer or its designee ("Employer") to deposit any sums Employer owns to me into the bank or other financial institution ("Financial Institution") accounts identified bellow. The undersigned also authorizes financial Institution to receive and accept any such deposits and credit the same to my account. If any deposit is made to my account in error by Employer, Financial Institution is authorized to return the erroneous payment to employer and to debit my account for the same in an amount not to exceed the amount of the erroneous deposit. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow Employer and Financial Institution a reasonable opportunity to act.

Printed Name: _____ Social Security #: _____-_____-____

Employee Signature: _____ Date: _____

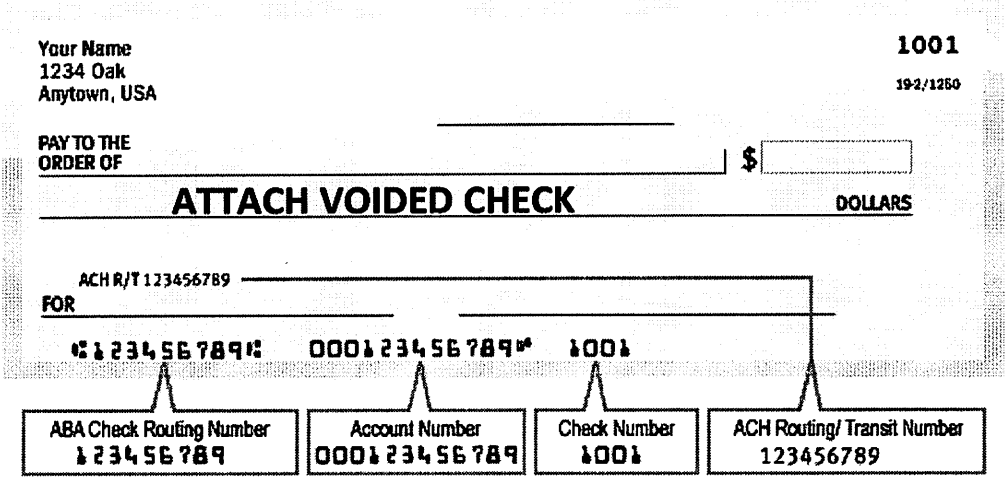
Employee Account Information. (*Last item must equal remaining balance. For more accounts, attach additional sheets*).

New Account
 Additional Account
 Replacement Account

Bank Name, City, & State: _____

Routing & Transit Number: _____ Account Number: _____

Checking
 Saving
 Please deposit: \$_____. ____ or ____%
 or Entire Net Pay



Employers: Keep each copy of enrollment form on file as long as the employee is active and for two years afterward.

Our organization does not recommend emailing this form. Zaia & Zaia LLC accepts no liability for transmission of confidential data via email. Email transmission cannot be guaranteed to be secure or error-free, as information could be intercepted, corrupted, lost, destroyed, or contain viruses.

Entered by: _____ Date: _____