



# ***Client Administrative Guide***

**Acro HR Solutions  
17187 N. Laurel Park Drive, Suite 165  
Livonia, MI 48152  
(734) 591-1100  
(800) 844-ACRO (2276)  
Fax (734) 591-1217**

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# ***WELCOME TO ACRO HR SOLUTIONS!***

**W**e appreciate the opportunity to be of service to you and the confidence you have placed in our company and in our program. This guidebook was developed to provide you with an ongoing reference of the procedures that have been established to ensure your company receives the best possible service and support from Acro HR Solutions.

From time to time you may receive updates and revisions to this book. As always, if you have a question or concern that is not discussed in the book, please contact our office so that it can be addressed.

This guide is also available through our web site in the “clients only” section under Acro HR Solutions – Administrative Guide. You will also find all of the forms in this manual available for immediate downloading and printing 24 hours a day, seven days a week. Many other forms are also available on this site as well. Our web address is: [www.acrohrsolutions.com](http://www.acrohrsolutions.com)

We appreciate the opportunity to have you as a client and to be the co-employer to your employees. Our commitment to you and them is consistent quality, superior service, and constant innovation. Please feel free to call on us whenever we can be of assistance.

**You may contact us in any of the following ways:**

**Tel: 734-591-1100**

**Toll Free 800-844-ACRO (2276)**

**Fax: 734-591-1217**

**e-mail: [service@acrohrsolutions.com](mailto:service@acrohrsolutions.com)**

**Internet: [www.acrohrsolutions.com](http://www.acrohrsolutions.com)**

# Employee Enrollment & Orientation

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**P**rior to your first payroll with Acro HR Solutions, we will need to enroll your employees into the Acro program.

## **The Presentation**

We will make a presentation to you and your employees that will take approximately one hour.

During this presentation, we will explain who we are, what services we provide to them and your company, and, most importantly, the new benefits now available. We have found that notifying your employees prior to this meeting helps alleviate any concerns of benefit elimination, etc. We've included a sample memo on page 6 of this booklet, to post or distribute to the employees you may wish to use for this purpose.



## **The Employee Benefit Guidebook**

During the meeting, each employee will be provided with a benefit guidebook. This booklet is intended to be an informative, comprehensive guide for the employees. We encourage them to keep it handy as a reference for their benefits. They will, however, need to **return the forms in the back of the booklet to Acro HR Solutions NO LATER than three days after the enrollment** (or when otherwise specified). Please note that we will need each employee to bring certain documents to this meeting, indicated on the sample memo.

## **The Mandatory Employment Form (MEF) Package**

After your enrollment, we will review each employee file to ensure completeness. We will contact you if there are any items that we need to complete those files. **We must have complete information to process a payroll check for each employee.** These documents make up what we call our **MEF (Mandatory Employment Forms) Package**.

- 1. W-4 (state and federal),**
- 2. Acro enrollment/application form,**
- 3. Any applicable local tax forms**
- 4. Department of Justice I9 form & 2 pieces of identification - usually drivers license, Social security card or birth certificate.**

**\*\*\*We regret that we CANNOT provide any employee with a paycheck until all information within the MEF has been provided.\*\*\*** This is for the protection of both your company and Acro HR Solutions.

## **Employee Enrollment & Orientation** (continued)

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Employee packets will be supplied to you upon your initial enrollment. Each employee will receive an [Employee Benefit Guidebook](#), which will contain information about the employee benefit package available to them as well as several employment forms, which will need to be completed in order for us to add them to our payroll. These forms comprise our *Mandatory Employment Forms* packet. Additional packets or individual forms may be obtained by calling or faxing a request to our office.

### **New Employees**

When you hire new employees after the initial enrollment of your staff, please remember that each new employee must complete the necessary information in the employee packet, and forward it to our office. ***It is imperative to forward this information in a timely manner, so the payroll department will have the proper information to process payroll checks accurately when requested.***

We have available a single page application for you to use when initially “screening” applicants – those that are not yet being seriously consider. Please do not use the applications from the Employee Benefit Guidebook for this purpose as the rest of the booklet may be wasted if you don’t hire that person. Once you’ve filled the position, you may supply that new employee with an Employee Benefit Guidebook. The “screening” applications can be found in the back of this book or you can access and print them from our web site under the “clients” section.

**\*\* For each new employee, we will also need the [Mandatory Employment Forms](#) package completed before we can release payroll to that individual.**

# **SAMPLE EMPLOYEE MEMO**

## **MEMORANDUM**

**TO:**

**FROM:**

**DATE:**

**RE:**

We are pleased to announce that effective \_\_\_\_\_ we will be utilizing the services of Acro HR Solutions, a Professional Employer Organization. Acro is being contracted by us in order to assist us with a variety of employee administration tasks including payroll, employee benefits (health insurance, 401(k), flex plan, etc.) and other human resource services.

As part of their services, they provide a number of additional employee benefits that you can take advantage of. These include a 401(k)-retirement plan, employee discount packages, Section 125/Flexible Spending Accounts and more.

In the near future, we will schedule a meeting with all employees and the Acro HR Solutions representatives in order for them to explain the numerous services they will be providing to you; many of which are additional or enhanced benefits to what you are now taking advantage of. **It is important that you attend this meeting!**

**Please bring the following documents with you to this meeting:**

- Drivers License
- One of the following: Social Security card, passport, voters registration card or birth certificate
- Spouse and/or dependents Social Security number – for enrolling in health insurance (if applicable)

Please feel free to contact me with any questions you may have regarding this very positive enhancement to our current program.

# Notifying Regulatory Agencies

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IMPORTANT: You will need to notify some government regulatory agencies of your new relationship with a PEO in order to minimize the paperwork which is ordinarily required by them. This will help in their processing of information on your account and eliminate duplicate paperwork. The following is a summary of the agencies that you will need to contact and which forms you will need to file. We recommend that you consult your CPA or tax accountant if you are unsure as to the procedures or options to select before you notify any of these agencies.

## **Internal Revenue Service**

### **Form 941 - Employer's Quarterly Federal Tax Return:**

1) You may continue to file the form quarterly and report zero payroll (the IRS will continue to send you the form), or 2) Answer the first question regarding no future returns and enter your final payroll date. (You will no longer receive Form 941. You will need to notify the IRS if you need to report payroll again).

### **Form 940 - Employer's Quarterly Federal Unemployment Tax Return:**

1) If you start with Acro HR Solutions at the beginning of the year and you have no liability, you will file the return as zero. 2) If you start mid-year with Acro HR Solutions, you will file the return with whatever liability you had during the portion of the year that you were not with Acro HR Solutions.

## **State of Michigan**

### **Form C-3479 - Notice of Change or Discontinuance:**

You will need to file this form to discontinue your state withholding tax only. You will find this form on page two of the Michigan Withholding Booklet that you receive annually. Check box #8 and check the "Delete" box for income tax withholding.

## **Michigan Unemployment Agency (MUA)**

### **1) Form 1020 - Employer's Quarterly Tax Report**

**Form 1017 - Employer's Quarterly Wage Detail:**

You may choose to keep your MUA account active, however, you will have to continue to file these two tax forms, and report zero payroll liability.

**Or**

**2) Form 1772 - Employer Discontinuance or Disposition of Business:**

If you choose to discontinue your MUA account, you will need to file this form. You may request this form from the MUA. *(Note: If, in the future, you have to report payroll again, you will need to notify the MUA to reopen your account)*

## **Regulatory Agencies (Continued)**

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### **Michigan Department of Consumer & Industry Service, Safety, Education & Training - Workers' Compensation Division**

**Acro HR Solutions highly recommends that all clients maintain a Minimum Premium Workers' Compensation Policy.** This policy will protect you from any claims that would not be covered under Acro HR Solutions workers' compensation (i.e. sub-contractors or service people working at your facility). You may contact your insurance agent for information on setting up this policy, or contact Acro HR Solutions Risk Management department. You will also need to notify the State of Michigan in writing that all of your employees are under a leased arrangement with Acro HR Solutions. You may notify the State of Michigan at the following address:

Michigan Department of Consumer & Industry Services  
Safety Education & Training Division  
Worker's Compensation Division  
7150 Harris Drive  
P.O. Box 30643  
Lansing, MI 48909-8143

You also may need to notify some of your third party vendors of your relationship with Acro HR Solutions depending on what programs you currently have in place and which ones we will now be administering. Those vendors may include, but are not limited to the following:

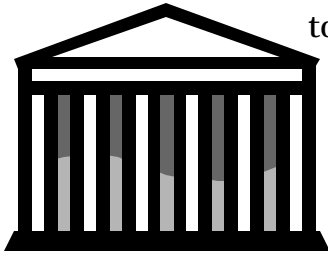
- ✓ 401(k) Plan Administrator
- ✓ Unemployment Cost Control Service
- ✓ Payroll / Tax Filing Service
- ✓ Insurance Agent
- ✓ Section 125 (Cafeteria) Plan Administrator

If you have any questions on contacting these vendors and the information needed, please feel free to call us.

# Payment Requirements and Options

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## I. Automated Clearing House (ACH) Direct Debit



This electronic transaction is initiated by Acro HR Solutions. It allows us to directly debit your account for the amount of your invoice.

There is a 10 day pre-note process, subsequently, if this is not completed by your first Acro HR Solutions payroll, **you must provide your first payment to us with a cashiers' check, and subsequent payments thereafter, until the ACH debit is ready.** We will advise you the ACH debit is required for your second payroll. There is NO cost to you for this

transaction.

## II. ACH Direct Credit

You will initiate this electronic transaction. With this type of transaction you will directly credit our account for the amount of the invoice. You must contact your bank to set this process up. As with the ACH debit, if this is not set up prior to your first payroll from us, you must provide payment in the form of a cashier's check. There is a \$20.00 processing charge each pay period for this type of transaction. Your bank may also assess a charge for this service.

## III. Wire Transfer

This option is also available but can be expensive, as there are additional costs associated with it. This transaction is initiated by you the day your payment is due.

## IV. Cashiers' Check

If you choose this method, payment must be made prior to, or when payroll is delivered or picked-up. There is a \$15.00 processing charge applied for this option.

For any additional questions regarding the terms of payment please contact our accounting department. They will be happy to discuss with you the various options available.

## Payment Requirements (continued)

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It is our sincere desire that you will understand our credit and collection policy for payroll. We consider this policy to be one of the most essential activities that you can do to assure the financial resources required to maintain our vital service to the employees. **Payment for all services rendered is due upon receipt of your payroll invoice.** All payments not received by your payroll date shall be subject to a late charge of three percent (3%) of the amount due. All outstanding invoices shall bear interest at the rate of 1 ½% per month until all unpaid invoices have been paid

***\*\*\*Please note: Subsequent week's payroll will not be shipped and direct deposits will not be submitted until all outstanding invoices have been paid.\*\*\****

In order to assure that your payment reaches us in a timely manner and to avoid unnecessary charges, we strongly recommend the "Direct Debit" payment method. You will find that this procedure will be very convenient to you, once implemented, as it will eliminate unnecessary costs and time delays.

### **Returned Check Policy**

There is a \$25.00 fee for returned checks.

All returned checks and returned electronic debits must be replaced with a cashiers' check. The replacement check must be presented before further payroll shipments will be sent.

If three or more checks (or electronic debits) have been presented and returned for non-sufficient funds, all future payments must be made via cashiers' check.

### **Miscellaneous Charges**

Returned Check Fee	\$35.00
Payroll check-stop payment fee	\$35.00
Late payroll processing fee*	\$ 50.00

Overnight delivery fee*	\$10.00
Manual Checks (not our error)	\$10.00 / check

*\*(Delivery fees are applicable only if payroll information was submitted late or delayed because of non-payment)*

**ACRO HR SOLUTIONS**

**AUTHORIZATION FORM FOR AUTOMATIC PAYMENTS**

The undersigned hereby authorizes Acro HR Solutions to automatically deduct from the following financial institution:

Financial Institution \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_  
In the name of \_\_\_\_\_  
\_\_\_\_\_

This authorization shall remain in effect until we give written notice of its revocation.

**Authorized Client Company:** \_\_\_\_\_  
**Client Phone Number:** \_\_\_\_\_  
**Authorized Client Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

For Acro HR Solutions: \_\_\_\_\_

# The Payroll Process

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You will have a payroll coordinator assigned to your account that will be responsible for managing all of your payroll issues. Prior to your first payroll, your coordinator will contact you to introduce themselves, and to discuss with you some of the following items:

- ◆ The payroll contact at your facility and any additional telephone numbers where they may be reached.
- ◆ Procedures for reporting invoice totals to you.
- ◆ Payroll delivery day (i.e. on payday, before payday) and method (via overnight delivery or pick-up).
- ◆ When to expect the first payroll worksheet.
- ◆ Payroll package: sealed checks vs. unsealed paychecks, separate invoice & check register.
- ◆ Special reports required.



## PAYROLL SUBMISSION

**Payroll must be submitted no later than 10:00 am two days prior to your payroll delivery date** (unless other arrangements have been made with your coordinator). This will allow us to process and sufficiently review your payroll before we send it to you. It will also ensure that direct deposits are submitted in a timely manner. There are two primary methods for submitting payroll information: facsimile or modem.

### **1. Submitting payroll by Fax (*preferred option*)**

One of the easiest methods to use in submitting your payroll to us is through the fax machine. We will create a custom worksheet with your employees' names and I.D. numbers on it and you simply insert the hours worked for that pay period. For salaried employees, you would just indicate whether or not they receive a check or had taken any sick, personal or vacation time.

If there is an individual on the sheet that will not be receiving a paycheck, please use the key at the bottom of the worksheet to indicate why they are not on payroll. You will receive an updated worksheet each pay period, so if you add or delete any employees, your worksheet will always be current. Once complete, have an authorized person sign and date it then fax it to your payroll coordinator.

# The Payroll Process (continued)

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## 2. Submitting payroll by E-mail

If you have internet access, you may e-mail your payroll information via e-mail. Because the information you are submitting only includes hours worked and not hourly rates or salary information, this is a preferred method for those that have internet capabilities.

## 3. ACRO HR SOLUTIONS TIMECARD SOFTWARE OPTION

Depending on the size and complexity of your payroll, we may recommend that you use another method that many Acro HR Solutions clients use to submit your payroll; the Acro HR Solutions Timecard software. We will evaluate your particular circumstances on an individual basis to determine the feasibility of this option.

The Timecard software allows you to add and change employee information, or terminate employees from the system right at your location. It also allows you to input payroll hours, print a report to verify your totals and then submit the information via modem.

If you are a candidate for this method of payroll submission, we will install the program and provide training for your staff. There may be an additional cost for this software.

## YOUR DELIVERED PAYROLL PACKAGE

You will receive your payroll package via overnight courier either the day prior to your payroll date, or by 10:30 a.m. on payday (depending on the arrangements made with your payroll coordinator). Your package will include the following:



- ◆ Paychecks
- ◆ Check Register
- ◆ Invoice
- ◆ Updated Payroll Worksheet
- ◆ Any additional notices or offers available to you or the employees

**Note: Be sure to review your package carefully!** You may receive important notices regarding new procedures, schedules, OSHA updates, employment updates, etc., as well as benefit cards and policies within the package, so please be careful to check the envelope for this information.

# **The Payroll Process** (continued)

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If you have any special requests on how your payroll package should be presented; i.e. sealed paychecks, invoice and check register in a separate envelope, etc., please let your payroll coordinator know.

## **PAYROLL INVOICE**

Each pay period, you will receive an invoice for the amount of your gross payroll, administration fee, tax and benefit liability. If requested, your payroll coordinator will notify you of the invoice amount prior to sending the payroll package out to you. The Accounting department will then debit the invoice amount from your bank account on your payday or follow the procedures established for payment.

## **MISSING/STOLEN PAYCHECKS**

If a payroll check is reported missing or stolen, we will re-issue the check. However, we will have to charge a stop payment fee of \$25. We will deduct this amount from the employee's check, or if you wish to bear this expense for the employee, we will add it to your invoice. We will re-issue the check within 24 hours. If it is reported after payroll is posted, the accounting department will have to issue the check, and it may take up to your next pay period to re-issue it.

## **DIRECT DEPOSIT**

We encourage all employees to directly deposit their payroll checks into their specified account. It saves time, it's convenient, it's free and it prevents the possibility of payroll checks being lost or stolen. Please remember that there is a ten-day pre-note process that we perform to ensure that the account is established correctly. Subsequently, your employees may receive up to two regular paychecks before their direct deposit is activated, depending on your payroll frequency.

# The Payroll Process (continued)

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## **Bonus Checks - special taxation rules associated with bonus pay.**

According to the Internal Revenue Service (Circular E, Section 7), any wages paid to an employee in addition to their regular wages is considered supplemental wages. These supplemental wages have special withholding rules and **we are required to withhold a flat Federal rate of 28%** plus standard Social Security, State and any local taxes. We will help you determine the net amount of the check in the event you want the bonus amount to be a certain dollar amount.

## **Payroll Deductions**

The employee must authorize all miscellaneous items such as loans, advances, uniforms, etc. that are deducted from an employee's paycheck. Benefit related deductions are authorized when an employee completes a "Salary Redirection Agreement", however, miscellaneous deductions, such as the ones mentioned above are not. The employee will need to complete an **"Authorization to Withhold Deductions"** form for each deduction. Forward a copy of this form to your payroll coordinator and they will set the appropriate deduction to come out of the employee's paycheck. A copy of this form is located in the back of this book under the "sample forms" section

# The Acro Employee Benefit Package

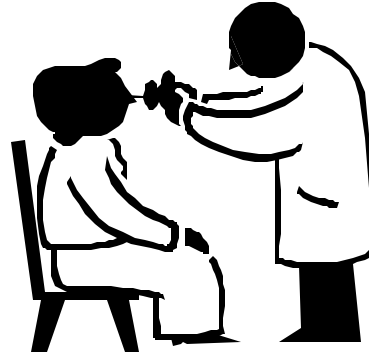
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As part of Acro HR Solutions, you and your employees have access to a large portfolio of benefits. The following section summarizes the programs available. For more detailed information please review the Employee Benefit Guidebook or feel free contact our office or the Benefits department.

## **HEALTH BENEFITS**

Acro HR Solutions has a variety of health care programs available including:

- ◆ **Medical**
- ◆ **Dental**
- ◆ **Vision**
- ◆ **Life insurance**
- ◆ **Supplemental insurance**



If you do not have a health program currently in place, and you are interested in adding this type of benefit, contact our office. Let them know what kind of plan you may be interested in, and they will provide you with the details.

## **ACRO HR SOLUTIONS 401(k) SAVINGS PLAN**

Acro HR Solutions provides you and your employees with a tax deferred retirement savings vehicle. This program allows you to invest pre-tax dollars into a wide range of mutual funds. Listed below are the details of the plan:

- You may contribute 1% to 20% of your income (\$10,000 annual max.).
- Open enrollment is the 1st of every quarter or upon initial eligibility (90 days of employment with Acro HR Solutions).
- You may change your deferral amount the 1st of every quarter. Request a “Deferral & Investment Change” form from our office.
- You may access and change your investment mix daily by using the toll-free Participants’ Hotline
- Additional “qualified” funds (i.e. 401(k)) may be rolled over into this plan at any time. Request a “Rollover” form from our office.
- Participants may take a loan of up to half of their vested balance from the 401(k). Contact our office for more information.

# Employee Benefit Package (continued)

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## **FLEXIBLE SPENDING ACCOUNTS (FSAs)**

### **PURPOSE OF FSA'S**

FSA's are an excellent way to save some tax dollars on "out-of-pocket" medical and dependent care expenses. They were established as part of **Section 125** of the Internal Revenue Code which allows employers to deduct health premiums, medical, and dependent care expenses from employees' gross wages before taxes are calculated. The result is more net income for each employee and less tax liability for the employer. An important point to remember with FSA's is that whatever amount is allocated to be deducted for the year, cannot be changed except for a major life event change. Whatever money is left in the account and not used at by year-end, the IRS requires to be forfeited.

### **Supplemental Insurance –**

Supplemental insurance policies may be purchased voluntarily by your employees. **These policies are optional** and are designed to cover expenses that are not insured by your current medical benefits. Employees may also purchase life or disability insurance. **Premiums for some of these plans may also be deducted pre-tax from the employees paycheck.**

### **POLICIES OFFERED**

- Critical Care Insurance
- Personal Life Insurance
- Personal Short Term Disability Insurance
- Personal Long Term Disability Insurance
- Other

## Employee Benefit Package (continued)

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### **EMPLOYEE ASSISTANCE PLAN (EAP)**

An EAP program is available to all Full time employees and their immediate family members. An EAP provides a short-term counseling and referral service to employees on many different issues.

### **EMPLOYEE DISCOUNTS AND PERKS**

Through Acro HR Solutions, you have access to special discounts from numerous organizations, including but not limited to the following:

**Banking Services** – Comerica Bank will provide “on the job banking” services to your employees, including no transaction fee checking, discounts on loans and other services.

#### **Credit Union**

Community Choice Credit Union provides an array of discounts and perks to Acro HR Solutions employees. All employees are eligible to participate as an employee of Acro and member of the Credit Union.

**Other programs** are also in place and others may be added throughout the year. Contact your Client Service Representative for the latest listing.

# Risk Management & Workers' Compensation

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As part of the Acro HR Solutions program, you have access to trained safety professionals and workers' compensation case managers. They can provide an array of services to help you assess and manage risk and safety issues at your facility.

Within your first thirty- (30) days with Acro HR Solutions, a risk analyst will meet with you to explain all the services that they provide. They will also perform a safety audit for you. The purpose is to view your facility and make suggestions on areas where you may want to make some improvements. NOTE: It is important to remember that this is not an OSHA inspection, the intent is to make recommendations, so that you don't run into problems in the event of an inspection. Also, please remember, if you do have an inspection, contact us immediately, so that we may be on-site to guide you through it.

## RISK MANAGEMENT SERVICES

- ◆ Written hazard program
- ◆ On-site safety education & training
- ◆ Safety training video library
- ◆ Workers' compensation loss-runs (claim summary)
- ◆ OSHA Log 200
- ◆ Workers' compensation claim follow-up (return to work accommodations, etc.)



# Reporting Work-Related Injuries

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In the event that an employee is injured on the job, you will need to contact Acro HR Solutions and complete a “Report of Injury” form within 24 hours of the accident.



In the case of:

- Death** - Please notify us within the first hour of the accident. We will notify OSHA.
- Emergencies** - Please notify us the day of the accident. (*Emergencies constitute any life threatening or debilitating injuries*)
- First Aid** - Please notify us within 24 hours of the accident.

We make every attempt to investigate and process all workers' compensation claims as soon as possible. So, we ask you to assist us by completing and submitting the Injury Report form within the above mentioned time frames. **If we do not receive information on an injury, we may assess a fee of \$10 per day for every day that we do not receive an injury report form.**

## Occupational Clinics

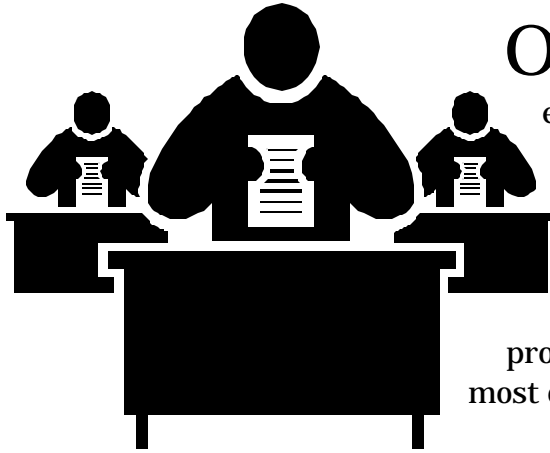
Included in this guide is a list of locations and hours of preferred clinics\* with whom Acro HR Solutions has established accounts. You may send an injured employee to any one of these clinics to be treated. The clinic will need to be notified that the employee is an Acro HR Solutions employee, so that they will be sure to send any paperwork or bills directly to Acro HR Solutions.

**In the case of an emergency, the employee should be taken to the nearest emergency care facility.** The facility may need to contact us to verify employment with us. They may contact our human resource department, and we will forward the appropriate verification.

*\* If any of the clinics are not accessible to your location, notify the Risk Management department of which clinic you wish to use, so that they may set up an account with that facility.*

# Workers' Compensation – Return to Work Program

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Once an employee has been treated, the clinic or emergency facility will contact us regarding any restricted duty, lost time, or follow-up treatment. It is extremely important for everyone to try to get the injured employee back to work as soon after the injury as possible. They may need to be placed on restricted duty at that time, as long as they are back being productive. This process helps everyone involved make the most of an unfortunate situation.

**Note: Injured employees must use an Acro HR Solutions sponsored clinic**

We will monitor each case for the duration of the claim. We will work with the physicians and medical facilities to help the employees return to work as quickly as possible. Our case managers will keep you posted on the status of all open claims. We may need your assistance in implementing any return-to-work options, such as restricted or modified work. There are several options, which we can discuss with you on a case-by-case basis.

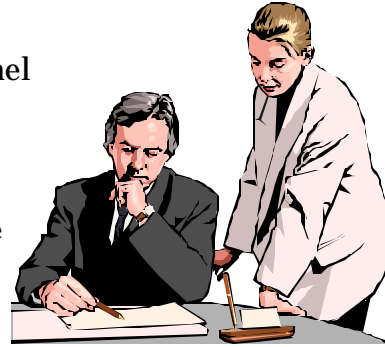
# Human Resources

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**A**s part of the Acro HR Solutions program, you have access to fully trained human resources professionals. We provide an array of services to help you manage employment issues at your facility.

## HUMAN RESOURCE SERVICES AVAILABLE

- ◆ Customized employee handbooks and personnel forms
- ◆ On-site hiring, disciplinary, & termination training
- ◆ INS, EEOC, ADA, FMLA, COBRA compliance and administration
- ◆ Professional human resources consultations
- ◆ Unemployment claims administration
- ◆ Job description development assistance
- ◆ Other services as available and requested



## Employee Status Changes

Please notify us **IMMEDIATELY** of any employee status changes that occur (change of pay, job title/duties, quits, etc. We ask that you discuss with us **PRIOR TO TERMINATING** an employee so we may consult you appropriately. **PLEASE NOTE; Any terminations not reported timely (end of week of event) to Acro will result in charges for both our administration fee and health benefits to be billed to you.**

## Employee Handbooks

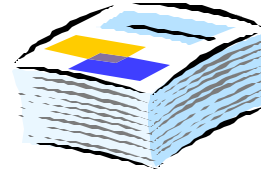
You will receive a copy of our sample employee handbook. This handbook has been prepared in accordance with Federal and State employment guidelines. It provides information regarding employment policies, procedures, benefits, and other guidelines. You will have the opportunity to review and revise this handbook to the specifications of your facility. We encourage you to contact our human resources staff for assistance or questions on the revisions.

Someone within our human resource department will contact you within 30 days after you receive the sample handbook. We will make the necessary revisions, and publish a final version to be distributed to your employees. The employees will need to sign the acknowledgment form within the handbook and return it to Acro HR Solutions for us to place in their personnel file.

For all other services, please call the human resource department to discuss your particular needs. They will be happy to meet with you to do a complete personnel preparedness review.

# Sample Forms and Instructions

We have included many of the sample forms for your use within this booklet. You may use these to make copies from as needed or download these forms and others from our web site at [www.acrohrsolutions.com](http://www.acrohrsolutions.com).



It is important to remember that most of these forms are time sensitive in that the circumstance may worsen should we receive these forms untimely. Please call our H.R. Department for assistance in completing any of these forms.

FORM	PURPOSE / INSTRUCTIONS
<b>Application - Screening</b>	Initial application for screening applicants
<b>Application/Enrollment form *</b>	All new hires must complete before first paycheck can be issued
<b>Authorization to withhold deductions</b>	Employee completes when we are to make any deductions from their pay (loans, uniforms, tools, advances, etc.)
<b>Benefit Election (waiver) form*</b>	Employee completes if they are eligible yet not enrolling in offered insurance
<b>Disciplinary action form</b>	Complete when employee is involved in a policy violation. Be specific, record the facts, indicate what was said during the counseling session, and what the next course of action or discipline will be if the behavior continues
<b>Employee Status Change Form *</b>	Use for all new hires, pay changes or terminated employees
<b>I-9 Form *</b>	All new hires must complete before their check can be issued <b>and must be accompanied by two other documents such as a drivers license and social security card</b>
<b>Injury report form</b> (report of accident)	Complete for all employee injuries. Complete with as much detail as possible, describing the exact nature of the injury. Indicate which body part was injured, how and what caused the accident. Use terms like laceration, contusion, sprain, foreign body, etc. Indicate the last day the employee worked

**\*Indicates Mandatory Employment Forms - required for employee to receive paycheck**

# Sample Forms and Instructions (continued)

FORM	PURPOSE /INSTRUCTIONS
<b>Leave of absence request form</b>	Employee completes requesting a leave for a certain period of time. Indicate the date the leave begins and a return date.
<b>Payroll submission form</b>	Fax this completed form to us at least 48 hours before your payroll date
<b>Manual Payroll Check form</b>	Use to calculate net pay for employee which you must provide a manual check for.
<b>Notice of Personnel Action</b>	Use for disciplinary action with employee. Be certain to complete all section and have employee sign
<b>W-4 forms (State &amp; Federal)*</b>	Employee completes at time of hire
<b>Performance Review</b>	For your internal use
<b>401(k) change form</b>	Use to change contribution amounts for an existing 401(k) plan
<p><b>*Indicates Mandatory Employment Forms - required for employee to receive paycheck</b></p>	



***Miscellaneous Services and Fees***

<b><i>Item</i></b>	<b><i>Note</i></b>	<b><i>Fee</i></b>
Standard Delivery Fee	Per location w/10 or less employee's or multiple delivery locations	\$12.00
Saturday Delivery Fee	Saturday delivery	\$17.00
Stop Payment Fee	Employee or client paid	\$35.00
Manual Check Fee	Does not apply if an Acro error	\$10.00/check
Returned Direct Deposit	Closed accounts without written notification five business days prior to payroll date	\$10.00
Wire Transfers/ACH Credit	For client initiating payment process – per transaction	\$20.00
Duplicate W-2's	Lost or incorrect employee information	\$10.00
Late Reporting of Workers' Comp. injury	After 24 hours from time of injury and/or employee notification (per day)	\$10.00
Late Payroll Processing	Payroll info./hours received after established deadline	\$50.00
Classified Ad Design/Placement	Per position plus cost of ad at our discount in DNA paper add \$15.00 for Acro to act as "blind box" location	\$15.00
Job Description Development	Per position (first 3 included in program – no charge)	\$5.00
Background Checks	County/State Criminal	\$26.00
	Driving – per state	\$16.00
	Credit	\$21.00
	Education	\$6.00
	Previous Employer	\$11.00
Applicant Testing	General Clerical Evaluation (spelling, typing, math, etc.)	\$25.00
	Software Application testing (each)	\$25.00



# EMPLOYEE STATUS CHANGE FORM

**Instructions:** Please type or print information according to the type of service requested and make sure this form is signed before mailing or faxing. We cannot accept it without an authorized signature.

**ALL SUBMISSIONS MUST BE MADE BY NOON FRIDAY BEFORE YOUR PAYROLL WEEK**

## A. NEW HIRE

START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ FULL TIME \_\_\_\_ PART TIME \_\_\_\_ CONTINGENT \_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_ DEPT. \_\_\_\_\_

DESCRIPTION OF DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WAGE RATE \_\_\_\_/HR. OR SALARY \_\_\_\_\_/YR.

## B. PAY RATE CHANGE

EMPLOYEE NAME \_\_\_\_\_ SOC. SEC.# \_\_\_\_\_

CURRENT PAYRATE \$ \_\_\_\_\_ NEW PAYRATE \$ \_\_\_\_\_

PAY RATE CHANGE EFFECTIVE AS OF \_\_\_\_/\_\_\_\_/\_\_\_\_ (Changes should be approved for the first workday of the week).

## C. \*TERMINATION / RESIGNATION NOTICE - LAST DAY WORKED \_\_\_\_/\_\_\_\_/\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ SOC. SEC.# \_\_\_\_\_

### TERMINATION REASON: - PLEASE EXPLAIN IN DETAIL

A. VOLUNTARY QUIT: (PLEASE EXPLAIN) \_\_\_\_\_

\_\_\_\_\_

\_\_ B. DISCHARGE: (PLEASE EXPLAIN) \_\_\_\_\_

\_\_\_\_\_

C. LEAVE OF ABSENCE (PLEASE EXPLAIN) \_\_\_\_\_

\_\_\_\_\_

*\* Please consult with the ACRO HR department first and include documentation of all warnings for any discharged/fired employees. Please include all details relating to discharge.*

<b>ACRO USE ONLY: (initial &amp; date)</b>
Route to: 1 PAYROLL _____ / _____

COMPANY NAME

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\* Terminations only

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

Fax or mail to: ACRO 17187 N. Laurel Park Drive, Ste. 165, Livonia, MI. 48152. FAX: 734-542-1149.



## Report of Accident

Client (worksite employer) Name \_\_\_\_\_

Employee Name: \_\_\_\_\_ Security Number: \_\_\_\_\_

Employee home address \_\_\_\_\_ Phone: \_\_\_\_\_

Date of hire \_\_\_\_\_ Rate of pay: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Date Accident was Reported: \_\_\_\_\_ Time of Report: \_\_\_\_\_

Witness Name(s): \_\_\_\_\_

Type of Accident:

No Injury       First Aid Only       Medical       Fatality

Restricted Duty?     No       Yes; Number of Days \_\_\_\_\_

Lost Work Days?     No       Yes; Number of Days \_\_\_\_\_

Date of First Medical Treatment: \_\_\_\_\_ Time of Treatment: \_\_\_\_\_

Name of Medical Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Medical Provider: \_\_\_\_\_

Describe how the accident occurred. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What actions, events or conditions contributed to the accident? \_\_\_\_\_

\_\_\_\_\_

What can be done to prevent this type of accident? \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

**\*\*\*\*\* Please Fax immediately to 734-591-1217 Attn. Human Resources \*\*\*\*\***



## Leave of Absence / Disability Coordination Agreement

Company

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

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

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

### Type of Leave (Please check appropriate reason)

#### Medical Leaves:

- Medical Maternity
- Industrial (Work Related)
- Other Medical Disability  
(Non-Work Related)

#### Non-Medical Leaves:

- Family
- Jury Duty
- Personal
- Military

Last Day Worked: \_\_\_\_\_

First Day of Leave: \_\_\_\_\_

Expected Return to Work Date: \_\_\_\_\_

Actual Return to Work Date: \_\_\_\_\_

Please coordinate my disability with  
my accrued sick / vacation / PTO hours:  Yes  No

### Continued Benefits Coverage

Benefits are automatically continued for any employee going on a Leave status. If applicable, employees will be expected to make any applicable premium payment(s). This will be handled as usual through payroll deductions. If employees are not receiving a paycheck, they will need to make arrangements for premium payment while out on Leave (if applicable). Employees will stop accruing (CIRCLE AS APPLICABLE) (sick / vacation / PTO) time if their Leave lasts longer than (thirty (30) / sixty (60) / ninety (90)) days. If the Leave lasts longer than (three (3) / four (4) / five (5)) months, the employee may elect benefits continuation through COBRA. The employee must notify her/his designated company representative at that point.

### Agreement

My signature on this document signifies that I have received copies of all applicable forms and understand the effect of my Leave on my benefits. I understand that, if possible, I am expected to contact my designated company representative at least one (1) week prior to my expected return date to confirm my availability. If I do not contact my designated company representative on or before the above return date I am considered to have voluntarily resigned on the scheduled last day of the leave. I understand that except for pregnancy disability leave, any medical/disability leave is automatically applied towards that allowed by the Federal Family Medical Leave Act and any other state act, if applicable. A request for an extension of my Leave of Absence must be received prior to the expiration of the original LOA. Any extension must be approved by my designated company representative. A written statement must accompany an extension of a Medical LOA by my attending physician.

I have read and understand the above information.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Payroll Deduction Authorization

---

Client (worksite employer) Name: \_\_\_\_\_

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

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

I hereby authorize Acro HR Solutions East to deduct \$\_\_\_\_\_ from each paycheck  
Effective \_\_\_\_\_ through \_\_\_\_\_.

The total sum of all deductions shall equal \$\_\_\_\_\_ .

This deduction is for \_\_\_\_\_ .

I understand that if my employment with Acro HR Solutions East terminates for any reason prior to my repayment, I hereby authorize Acro HR Solutions East to withhold the remaining balance from my final paycheck. In the event that my final paycheck does not cover the entire unpaid balance, I agree to issue a separate check for the remaining amount, as appropriate.

### Agreed To and Accepted:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## Notice of Personnel Action

EMPLOYEE'S NAME	TELEPHONE	DATE OF HIRE
<b><u>WORKSITE EMPLOYER</u></b>	DATE OF WARNING	

### TYPE OF INFRACTION

- |                               |                 |                 |             |
|-------------------------------|-----------------|-----------------|-------------|
| NO CALL/NO SHOW               | INSUBORDINATION | INTOXICATION    | PROFANITY   |
| DISOBEDIENCE                  | CARELESSNESS    | IMPROPER ATTIRE | OTHER _____ |
| TARDINESS                     | IN ATTENTIVE    | SAFETY          |             |
| FILE INFORMATION ONLY         | ATTENDANCE      | COUNSELING      |             |
| No Formal Infraction Occurred | REFUSAL OF WORK | OTHER           |             |

DETAILS OF INFRACTION	
Infraction date _____ Infraction time A.M./P.M. _____ Place occurred _____ _____	
Witness to infraction _____ _____	
Details of infraction _____ _____ _____ _____ _____	
Date _____	_____ Signature of individual who detailed infraction



# Employee Self Review

Briefly describe your current job responsibilities:

**1. The 3 most important aspects of my job (overall objectives) are:**

a. \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_

**2. The accomplishments I am most proud of since my last review are:**

a. \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_

**3. The 3 most important lessons I have learned from on-the-job *experiences* (not study) are:**

a. \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_

**4. The aspects of my job I enjoy the *most* are:**

a. \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_

**5. The aspects of my job I enjoy the *least* are:**

a. \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_

**6. Changes in my work environment (such as peer relationships, procedures, tools or equipment) that might enable me to be more productive in my job are:**

a. \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_

**7. Changes in my skills or attitude that would enable me to be more productive are:**

a. \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_

**8. What I have done since my last performance review to prepare myself for more responsibility:**

a. \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_

Courses

a. \_\_\_\_\_

b. \_\_\_\_\_

Seminars

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

Reading

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

On-the-job training

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_



## 401 (k) Change Form

---

Participant name:

Social security number:

Company name:

- I wish to discontinue contributions made to my 401(k) account
- I wish to change my deduction percent from \_\_\_\_\_% to \_\_\_\_\_% (maximum 20%).

Effective date:

Employee signature:

Date:

Please fax form to Acro HR Solutions - **Benefits Coordinator** at (734) 591-1217.



# Benefit Election Form

---

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

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

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

Effective Dates: \_\_\_\_\_

**Instructions:**

Please indicate which benefits you wish to elect or waive by marking an X in the appropriate space. Please mark on EACH area – do not leave any blank.

	Enrolling	Declining	Not Applicable
Medical	_____	_____	_____
Dental	_____	_____	_____
Life	_____	_____	_____
Additional Life	_____	_____	_____
STD	_____	_____	_____
LTD	_____	_____	_____
Critical Illness	_____	_____	_____

ð If I am waiving any of the benefits, I understand that the next opportunity to enroll will be open enrollment of the following year. I also understand that if I have a life event change (marriage, divorce, and birth/adoption of a child, COBRA expiration), I will be able to enroll at that time.

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



## Request for Pre-Employment Background Checks

---

Company: \_\_\_\_\_

Submit Findings to: \_\_\_\_\_

We will submit info to you via:

Fax: \_\_\_\_\_ Call before faxing: \_\_\_\_\_

E-mail: \_\_\_\_\_ U.S. Mail \_\_\_\_\_

### **Pre-Employment Checks to be completed:**

1. Drivers License State(s) \_\_\_\_\_
2. Criminal background by State(s) \_\_\_\_\_ County \_\_\_\_\_
3. Credit report \_\_\_\_\_
4. Previous Employment \_\_\_\_\_ (please indicate # of past employers to check) \_\_\_\_\_
5. Other \_\_\_\_\_

Please note that we will need a “NOTIFICATION REGARDING CONSUMER REPORT” release form & additional information from the candidate before we can adequately conduct the review.

***\*\*Please fax this form, along with employee release form to:  
Acro HR Solutions, Attn: HR Dept. (734) 591-1217***

## **Notification Regarding Consumer Report Form**

For employment purposes, we may obtain a consumer report and/or an investigative consumer report about you.

The investigative consumer report, also known as a reference check, may include information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained contacting your previous employers and/or references supplied by you or others. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five days of the time the report was first requested, whichever is later.

The Fair Credit Reporting Act gives you specific rights. If we rely on the report for the adverse action, before taking the adverse action, we will give you a pre-adverse action disclosure that includes a copy of the report and a copy of the document entitled "A Summary of Your Rights Under the Fair Credit Reporting Act".

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative consumer report about you for employment purposes and authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about you. This authorization shall be valid in original or copy form.

Applicant's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Employee Signature \_\_\_\_\_

For prior employment verification purposes: (most recent first)

Employer 1: \_\_\_\_\_ Supervisor/Phone: \_\_\_\_\_

Employer 2: \_\_\_\_\_ Supervisor/Phone: \_\_\_\_\_

Employer 3: \_\_\_\_\_ Supervisor/Phone: \_\_\_\_\_



# MANUAL PAYROLL CHECK FORM

Employee Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Week Ending Date: \_\_\_\_\_ Check Number: \_\_\_\_\_ Date: \_\_\_\_\_

	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
1. Straight Time	_____	_____	_____
2. Over Time	_____	_____	_____
3. Double Time	_____	_____	_____
4. Vacation Time	_____	_____	_____
5. Holiday Time	_____	_____	_____

Amount

**Gross Pay: (Total of lines 1 thru 5 above)\$** \_\_\_\_\_

Federal Income Tax Withheld: (20.0%) \$ \_\_\_\_\_

OASDI Withholding Tax: (6.20%) \$ \_\_\_\_\_

Medicare Withholding Tax (1.45%) \$ \_\_\_\_\_

State Income Tax Withheld: (4.40%) \$ \_\_\_\_\_

City Income Tax Withheld: (3.00%) \$ \_\_\_\_\_

**Other Deductions/Reimbursements:** \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**NET PAY:** \$ \_\_\_\_\_

**\*\*\*\*Copy of check must be attached for processing\*\*\*\***