



## New Hire Checklist

New Associate Name: \_\_\_\_\_ Date of Onboarding: \_\_\_\_\_

- New Hire/Change of Status Form Complete (should be done by hiring manager before new hire arrives)
- Availability/Change of Availability Form
- Install and log into 7 Shifts
- Hillman Beer Employee Profile Form filled out
- W-4 filled out and signed
- NC-4 filled out and signed
- I-9 filled out and signed, Verified 2 forms of IDs, entered on I-9 page 2, and signed by hiring manager
- Food Employee Reporting Agreement Signed- Original in HR, Copy in Mgr. Office
- Direct Deposit info from bank (Voided check or Bank info)
- Team Member Handbook Review; Sign last page of team member handbook
- Receive team member number for clocking in & out
- FOH Only - Copy of ABC Server Training Certificate- Original in HR, Copy in Mgr. Office
- FOH Only -Schedule date for EAGER/Beer Training with David/Brad (first Wednesday of each month)
- FOH Tipped Only- Notice to tipped team members for whom the company receives a tip credit
- All- Part-Time: 1 t-shirt; Full- Time- 2 t-shirts; Brewers - 3 t-shirts Merchandise Acquisition Form filled out
- SHL & Above Only: Key/Codes/Company Property Receipt Form
- Managers & Above Only: System Access Receipt Form
- Food & Beer menu review
- Property tour

### **Property Tour**

- |                                                               |                                                         |
|---------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Parking Areas (Employee and Guest)   | <input type="checkbox"/> Dumpsters & Smoking Area       |
| <input type="checkbox"/> Administration Office or Offices     | <input type="checkbox"/> Dining Area                    |
| <input type="checkbox"/> Kitchen                              | <input type="checkbox"/> Brewery                        |
| <input type="checkbox"/> Bar Area                             | <input type="checkbox"/> Exits                          |
| <input type="checkbox"/> Dry Goods and Supplies Storage Areas | <input type="checkbox"/> Fire Extinguishers             |
| <input type="checkbox"/> Keg Cooler & Empty Keg Storage Area  | <input type="checkbox"/> First Aid Kit                  |
| <input type="checkbox"/> Food Coolers                         | <input type="checkbox"/> Brooms, Mops, & Wet Floor Sign |

New Hire Packet Completed by: \_\_\_\_\_

Signature of Person completing New Hire Packet: \_\_\_\_\_

## New Hire / Change of Status Form

Full Name		Effective Date*		
Phone		New Hire	Promotion	Change of Pay
Email Address		Suspension	Termination	Second Location/Job
Hiring Manager		Transfer	LOA	Change of Availability
Employment Status	Full-Time	Part-Time	Position	
Location*			Pay*	

\* Effective Date: New hires: first day (onboarding); Pay changes: date of new pay start; Termination: last day worked

\*\*Starting Pay - Training pay is \$7.50/hr for Bartenders. All others receive full pay during training and staff meetings

For Any Changes, Except Termination

Team Member Name: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For any Pay Rate Changes:

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

COO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

## Availability/Change of Availability Form

Full Name		Start/ Request Date	
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AVAILABILITY						
Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday

List availability as hours AVAILABLE to work or as shown below

Examples: "4PM-CLOSE" "OPEN-5PM" "OFF" "ANY"

Availability should almost always include 'OPEN' or 'CLOSE'

Part-Time employment requires a minimum of 2 shifts per week.

**No availability change requests within first 6 months of starting employment.**

**6 Month Date:**

Team Member Name: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**GM & OPS Signature required for Change of Availability**

General Manager Name: \_\_\_\_\_

General Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

  

Operations Manager Name: \_\_\_\_\_

Operations Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Hillman Beer Team Member Profile**

Circle One:

\* FOH or BOH or Brewer \* Asheville or Old Fort or Morganton

\* Full-Time or Part-Time

Clock In #: \_\_\_\_\_ Paychex EE #: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

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

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth date: \_\_\_\_\_ Hire date: \_\_\_\_\_

Position \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone # \_\_\_\_\_

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**\* Admin Only\***

Rate of Pay:

Bartending \_\_\_\_\_/hour plus tips      BOH: \_\_\_\_\_/hour

Brewer \_\_\_\_\_/hour

Taxes:

Marital Status -    Single            Married            Married, Head of Household

Federal Exemptions \_\_\_\_\_ State Exemptions \_\_\_\_\_ Additional Withheld \_\_\_\_\_

Payroll: Bi-Weekly

Next Pay Date: \_\_\_\_\_ Pay Range: \_\_\_\_\_

FOH: EAGER/Beer Training Date \_\_\_\_\_

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
Give Form W-4 to your employer.  
Your withholding is subject to review by the IRS.

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2:**  
**Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . .

**TIP:** If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**Step 5:**  
**Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
Employee's signature (This form is not valid unless you sign it.)

\_\_\_\_\_  
Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

# NC-4 Employee's Withholding Allowance Certificate

**PURPOSE** - Complete **Form NC-4** so that your employer can withhold the correct amount of State income tax from your pay. **If you do not submit Form NC-4 to your employer, your employer must withhold as if your filing status is "Single" with no withholding allowances.**

**FORM NC-4EZ** - You may use Form NC-4EZ if you plan to claim either the N.C. Standard Deduction or the N.C. Child Deduction Amount (but no other N.C. deductions), and you do not plan to claim any N.C. tax credits.

**FORM NC-4 NRA** - If you are a nonresident alien you must use Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. (See Publication 519, U.S. Tax Guide for Aliens, for more information on the green card test and the substantial presence test.)

**FORM NC-4 BASIC INSTRUCTIONS** - Complete the **NC-4 Allowance Worksheet**. The worksheet will help you determine your withholding allowances based on federal and State adjustments to gross income including the N.C. Child Deduction Amount, N.C. itemized deductions, and N.C. tax credits. However, you may claim fewer allowances than you are entitled to if you wish to increase the tax withheld during the tax year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs. Exception: When an individual ceases to be "Head of Household" after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

**TWO OR MORE JOBS** - If you have more than one job, determine the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the "Multiple Jobs Table" to determine the additional amount to be withheld on Line 2 of Form NC-4 (See page 4).

**NONWAGE INCOME** - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated income

tax payments using Form NC-40 to avoid interest on the underpayment of estimated income tax. Form NC-40 is available on the Department's website at [www.ncdor.gov](http://www.ncdor.gov).

**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.

**SURVIVING SPOUSE** - Generally, you may claim "Surviving Spouse" filing status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild whom you can claim as a dependent; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

**MARRIED TAXPAYERS** - For married taxpayers, both spouses must agree as to whether they will complete the NC-4 Allowance Worksheet based on the filing status, "Married Filing Jointly" or "Married Filing Separately."

- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Jointly" should consider the sum of both spouses' income, federal and State adjustments to income, and State tax credits to determine the number of allowances.
- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Separately" should consider only his or her portion of income, federal and State adjustments to income, and State tax credits to determine the number of allowances.

**All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.**

**CAUTION:** If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.



Cut here and give this certificate to your employer. Keep the top portion for your records.

# NC-4 Employee's Withholding Allowance Certificate

**1. Total number of allowances you are claiming**  
(Enter zero (0), or the number of allowances from Page 2, Line 17 of the NC-4 Allowance Worksheet)

**2. Additional amount, if any, withheld from each pay period** (Enter whole dollars)

00

Social Security Number		Filing Status		
		<input type="radio"/> Single or Married Filing Separately <input type="radio"/> Head of Household <input type="radio"/> Married Filing Jointly or Surviving Spouse		
First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)	M.I.	Last Name		
Address		County (Enter first five letters)		
City	State	Zip Code (5 Digit)	Country (if not U.S.)	

Employee's Signature

Date

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on Line 1 above.



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

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

**Section 2. Employer or Authorized Representative Review and Verification**

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

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;"> <p>Additional Information</p> </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</p> </div>
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

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

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

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

**STOP** *Employer Completes Next Page* **STOP**



# Food Employee Reporting Agreement

## Reporting: Symptoms of Illness

I agree to report to the Person in Charge (PIC) when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

**Note: The PIC must report to the Health Department when an employee is jaundiced.**

## Reporting: Diagnosed Illnesses

I agree to report to the Person in Charge (PIC) when I have been diagnosed with:

1. Norovirus
2. Hepatitis A virus
3. *Shigella* spp. Infection (shigellosis)
4. Shiga Toxin-Producing *Escherichia coli* (O157:H7 or other STEC infection)
5. Typhoid fever (caused by *Salmonella* Typhi)
6. *Salmonella* (nontyphoidal)

**Note: The PIC must report to the Health Department when an employee has one of these illnesses.**

## Reporting: Exposure of Illness

I agree to report to the PIC when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, shigellosis, illness due to STEC, or Hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or Hepatitis A.

## Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be excluded\* or restricted\*\* from work.

\*If you are excluded from work you are not allowed to come to work.

\*\*If you are restricted from work you are allowed to come to work, but your duties may be limited.

## Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until: 1) more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting, or 2) provide written medical documentation from a health practitioner indicating that the symptoms are from a noninfectious condition.

If you are excluded from work for exhibiting symptoms of Norovirus, *Salmonella* Typhi, nontyphoidal *Salmonella*, *Shigella* spp. infection, *E. coli* O157:H7 or other STEC infection, and/or Hepatitis A, you will not be able to return to work until approval from the Health Department is granted.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

**I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food Regulatory Authority that may jeopardize my employment and may involve legal action against me.**

Employee Name (please print) \_\_\_\_\_ Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

PIC Name (please print) \_\_\_\_\_ Signature of PIC \_\_\_\_\_ Date \_\_\_\_\_



## Direct Deposit Authorization Form

I hereby authorize Hillman Beer to directly deposit my pay into the bank account(s) I have designated by attaching that paperwork to this form. This authorization is to remain in force until Hillman Beer has received written authorization from me of its termination or change.

Also, I hereby grant Hillman Beer the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

- *A voided check or paperwork from your banking institution with the bank logo on top that lists your bank account and routing number is required to be attached to this signed authorization.*

For changes - if you wish changes to be effective on your next check stub, then any change must be submitted no later than the last day of that pay period (regardless of when direct deposit hits). Otherwise the change will be effective on the following pay stub.

Attach Voided Check Here

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

Team Member Signature: \_\_\_\_\_

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

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

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

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

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



## **NOTICE TO TIPPED TEAM MEMBERS FOR WHOM THE COMPANY RECEIVES A TIP CREDIT**

### *Notice For: Tipped Team Members Only*

Certain tipped team members of Hillman Beer, LLC are subject to its tip credit policy. Hillman Beer's tipped team members who are subject to this notice include only beertenders who may provide services including Bartending, Tap Room Serving, Front of the House expediting, and Beer running, as well as Front of the House Service Leaders. You have been provided with this Notice to Tipped Team Members because you are employed by Hillman Beer as a tipped team member, as to whom the Company receives a tip credit. This Notice does not apply to retail associates, back of the house associates, managers, brewers, or administrative roles, as to whom Hillman Beer does not receive a tip credit.

The Federal Fair Labor Standards Act (FLSA) permits Hillman Beer to pay you a reduced hourly cash wage and to credit a portion of your tips toward the remainder of the federal minimum wage (i.e., to pay you less than the required minimum hourly wage of \$7.25 in the form of direct wages from the Company and get a credit for the amount of tips paid to you to ensure that you are paid at least \$7.25 per hour). The FLSA requires the Company to provide you with the following information about its tip credit policy.

- 1) Employers must pay tipped employees a cash wage of at least \$2.13 per hour. The Company will pay you a cash wage of \$2.15 per hour for beertenders and \$6.00 per hour for Front of the House Service Leaders.
- 2) Employers can credit a portion of a tipped team member's tips as wages paid to that team member. This employer tip credit cannot be more than \$5.12 an hour. The amount of your tips that the Company will claim as a tip credit is \$5.10 per hour for beertenders and its associated roles and \$1.25 for Front of the House Service Leaders.

- 3) The amount that the Company claims as tip credit cannot be more than the amount of tips you actually receive.
- 4) You are entitled to keep all of the tips you receive, except when the Company has a valid tip pooling arrangement limited to participation by team members who customarily and regularly receive tips. The Company has a tip pooling arrangement and you are required to contribute a portion of the tips you receive. The Company's tip pooling arrangement requires that tipped team members contribute 100% of all tips they receive to the tip pool.
- 5) The Company will not keep team member tips for any purpose, including allowing managers or supervisors to keep any portion of team member tips, regardless of whether the Company takes a tip credit. There is one exception to this rule. A shared cash drawer till of \$200 will be provided to the tip pool at the beginning of each day for use in making change for customers. That same \$200 must be returned at the end of each day. When a shift does not return the same cash drawer till amount that was given, tips may be used to subsidize the missing funds as long as this does not drop the team members below minimum wage.
- 6) The Company cannot apply the tip credit to a team member's wages unless the team member has been informed of these tip credit provisions. This Notice satisfies that requirement.

If you have questions after reviewing this Notice, then please contact the HR Manager.

Please sign and date this Notice to acknowledge that you have read and understand it.

**Acknowledgment of Team Members Receipt and Understanding**

I have received a copy of Hillman Beer's Notice to Tipped Team Members. I understand it is my responsibility to read this Notice or have it read to me and that if I have questions about the company's tip credit policy, I will notify the Company. I understand I am required to participate in a tip pool and to contribute the amount identified in this Notice. I understand and agree to the terms in this Notice.

Team Member Name: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_

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

\*Hiring Manager to make a copy of this notice with the signed name, printed name, and date for the team member to keep. The original copy to be stored in the team member file with Human Resources.

## Team Member ACKNOWLEDGEMENT

1. I have read and understand all the information contained in this Team Member Handbook.
2. I have received instruction, understand and agree to follow the safety and security standards including cash handling, personal conduct, etc.
3. I understand that I must be in full uniform and present myself in a neat and clean manner during each of my work shifts.
4. I understand that policies and procedures will change from time to time and that any Standard Operating Procedure will supersede information in the handbook as updates are made.
5. I agree to follow all policies and procedures.

Team Member Signature: \_\_\_\_\_

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

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

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

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

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



## Merchandise Acquisition Form

\*\*\*This form is intended to be used only for merchandise items that need to be comped by the HR Manager/GM, Operations Manager, Wholesales Manager, Chief Operating Officer or Ownership\*\*\*

Name of Person Taking Merchandise: \_\_\_\_\_

Items & Descriptions	Size (For Shirts/Sweatshirts/Jackets/Pullovers)
1) Item 1: _____	_____
2) Item 2: _____	_____
3) Item 3: _____	_____
4) Item 4: _____	_____
5) Item 5: _____	_____

Reasons for Comp (please use different form for each type of comp; circle one):

Uniform Comp

Marketing Comp

Owner's Comp

Signature of Person Taking Merchandise: \_\_\_\_\_

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

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### Verification by GM/AGM

Items entered into Toast POS on this date: \_\_\_\_\_

Print Name of verifier: \_\_\_\_\_

Signature of verifier: \_\_\_\_\_

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

**Keys/Codes/Company Property Receipt Form**

I, \_\_\_\_\_ have received \_\_\_\_ (#) keys, key box codes and alarm codes for the following property: (Check all that apply)

- \_\_\_ 25 Sweeten Creek Rd. Asheville NC 28803
- \_\_\_ 78 Catawba Avenue, Old Fort NC 28762
- \_\_\_ 212 S. Green St/ 301 Sterling, Morganton, NC 28655

I do hereby agree to NOT make any copies of the key, NOT allow anyone other than myself to use the key, Immediately report the key lost or stolen, NOT give key box code to anyone else, NOT give alarm codes to anyone else, Immediately report any code that is believed to be known by anyone not authorized to have it, and within 24 hours of termination of employment return the keys to your immediate supervisor. Also, upon separation from Hillman Beer the team member agrees to not utilize any systems access granted after official separation, voluntary or involuntary.

keys Issued:

\_\_\_\_\_

Company Property Issued:

MacBook: \$1300.00 Team Member Initial: \_\_\_\_ Manager Initial: \_\_\_\_

MBCover :\$25.00 Team Member Initial: \_\_\_\_ Manager Initial: \_\_\_\_

MBCharger: \$30.00 Team Member Initial: \_\_\_\_ Manager Initial: \_\_\_\_

Other: \_\_\_\_\_ Team Member Initial: \_\_\_\_ Manager Initial: \_\_\_\_

Date of last day worked: \_\_\_\_\_ Date key/company property was returned (must be no later than last day worked before any charges apply): \_\_\_\_\_

If the keys/property for the above mentioned property(s) are not returned by the date and time listed, I hereby agree to pay all costs for replacement and/or for re-keying and/or replacing locks and any additional fees that are involved to re-secure the property and further agree that this cost may be deducted from my final paycheck. Team Member Initials \_\_\_\_\_.

Team Member Name: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_

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



# Systems Access Receipt Form

System	Access Granted	Initials	Access Reset (Supervisor Initials)
Gmail			
Upkeep			
7 Shifts			
Toast			
Basecamp			
ADT Alarm Online			
Webstaurant			
US Foods			
Indeed			
Paychex Admin			
Yelp Admin			
TripAdvisor Admin			
Google Admin			
Aramark Admin			

Team Member Name: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_

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