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THE LAW FIRM OF PUCKETT AND FARAJ, PC

August 6, 2010

Mariam C. Chamesseddine
25122 Ann Arbor Trail
Dearborne Heights, MI 48127

Dear Mariam:

On behalf of The Law Firm of Puckett & Faraj, PC, I am pleased to offer you a position as "Office Assistant for the Dearborne Operations." As we discussed, in this position your starting compensation will be \$ 550.00 per pay period (26 two week pay periods in a year), which is equivalent to an annual amount of \$14,300.00 plus \$40 a month for phone compensation. The phone compensation is added to your pay as an additional \$18.47 per pay period. The total in your pay will be \$568.47, equivalent to \$14,780.22 per year. This position is considered an exempt position for purposes of federal wage-hour law, which means that you will not be eligible for overtime time pay for hours actually worked in excess of 40 in a given workweek. You will be eligible for annual performance reviews, which might lead to increases in your compensation. You are entitled to ten paid vacation days per year. Please coordinate with your direct supervisor at least 45 days in advance of your scheduled vacation.

In addition to your compensation, you will be eligible to receive any benefits that are offered to all Law Firm employees. These benefits will be described to all employees when they are offered. We will also provide a copy of the employee handbook, which will describe the Law Firm's policies and procedures that will govern certain aspects of your employment. We understand that because this is handbook is not available immediately, that any concerns you have with the policies and procedures will be addressed before requesting that you sign and return the acknowledgement of receipt page at the end of the handbook.

We greatly look forward to having you join our Law Firm and become a member of our team. However, we recognize that you retain the option, as does the Law Firm, of ending your employment with the Law Firm at any time, with or without notice and with or without cause. As such, your employment with the Law Firm is at-will and neither this letter nor any other oral or written representations may be considered a contract for any specific period of time.

Sincerely,

Haytham Faraj Esq.
Partner

I agree to the terms of the employment set forth above.



Mariam C. Chamesseddine

Paychex Use Only	
Client Account Number _____	Date _____
Worker Number _____	Time _____
PRS _____	Contact _____
Verified By _____	CSS Initials _____

Scanning instructions are located in Paychex Procedures.

PSYCHEX

Direct Deposit Signup Form

Worker Instructions:

1. Complete the "WORKER - Required Information" section
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form for your records. Return the original to your employer.

Employer Instructions:

1. Complete the "EMPLOYER - Required Information" section
2. Return this form to your payroll administrator.
*See below for acceptable bank information.

WORKER - Required Information	
PLEASE PRINT	
Worker Name	Mariam Chamessedine
Last four digits of Social Security Number	1370

EMPLOYER - Required Information	
PLEASE PRINT	
Company Name	_____
Service Location/Client Acct. Number	_____
Federal ID Number	_____

Completing for Direct Deposit and Sign Below	
I authorize my employer to deposit my wages into the following account(s):	
<p>Bank Account #1</p> <input checked="" type="checkbox"/> Checking Bank Name <u>Chase</u>	<p>Bank Account #2</p> <input type="checkbox"/> Checking Bank Name _____
<input type="checkbox"/> Savings Bank Name _____	<input type="checkbox"/> Savings Bank Name _____
<input type="checkbox"/> Chase Pay Card Plus <i>Please complete the attached application if you would like to sign up for Chase Pay Card Plus.</i>	<input type="checkbox"/> Chase Pay Card Plus <i>Please complete the attached application if you would like to sign up for Chase Pay Card Plus.</i>
<p>I wish to deposit (check one):</p> <input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00	<p>I wish to deposit (check one):</p> <input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00
<p>Please attach one of the following for Checking or Savings accounts (check one):</p> <input type="checkbox"/> Voided check with name reprinted (no starter checks) <input type="checkbox"/> Deposit slip (only accepted if the verbal "ACH R/T" appears before the routing number) <input type="checkbox"/> Bank letter or specification sheet (the signature of your local bank representative MUST be included)	<p>Please attach one of the following for Checking or Savings accounts (check one):</p> <input type="checkbox"/> Voided check with name reprinted (no starter checks) <input type="checkbox"/> Deposit slip (only accepted if the verbal "ACH R/T" appears before the routing number) <input type="checkbox"/> Bank letter or specification sheet (the signature of your local bank representative MUST be included)

Employer Section	
If bank documentation is not sufficient from what is listed above, the following information must be provided:	
I confirm that the above named employee has added or changed a bank account for direct deposit transactions processed by Paychex.	
Employer Signature _____	

Worker Signature M Chamessedine Date 08 10 2010

By signing above, I am certifying that I am the account holder for the bank account listed above and I am the size my employer's payroll department.

Accountholder Signature _____

(If worker doesn't have authority to authorize deposits to the account listed above, this form is void.)

Haytham Faraj

From: Primas, Pamela E [pprimas@paychex.com]
Sent: Tuesday, March 09, 2010 7:55 AM
To: Marcelyn Atwood
Subject: new employee information form1.doc

Employee Information Form

PAYCHEX

(Payroll Specialist)

(Payroll Specialist)

Client Number _____ Attention _____ Date _____

- New Employee
 Change Of Information for Current Employee
 Rehire Of Old Employee Employee Number _____

Employee Name (Last / First / Middle) Chamessedine Mariam C.

(The Name As Shown On Their Social Security Card)

Address 25122 Ann Arbor trl.

City & State Dearborn Heights, MI Zip Code 48127

Social Security Number 374 - 29 - 1370 (New Employees Will Not Be Filled Without One)

Employee Type W2 1099 (Independent Contractor)

Department Number _____ Pay Frequency _____

Per Pay Period Salary _____ Annual Salary _____

Hourly Rate 1 _____ Marital Status (check one)

Rate 2 _____ Single Married

Rate 3 _____ Married Withholding At Single Rate

Birth Date 08/24/1987 Hire Date August 9, 2010

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

Form I-9, Employment Eligibility Verification

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

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

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

Print Name: Last <u>Chamesseddine</u>	First <u>Mariam</u>	Middle Initial <u>C.</u>	Print Name
Address (Street Name and Number) <u>25122 Ann Arbor trl.</u>		City <u>Dearborn Heights, MI</u>	Date (month/day/year) <u>08/24/1987</u>
State <u>MI</u>	Zip Code <u>48127</u>	Social Security # <u>374-29-1370</u>	

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 one of the following:

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien # _____)
- An alien authorized to work in the U.S. (commission #) _____ and expiration date (if applicable) (month/day/year) _____

M Chamesseddine
Employee's Signature

Date (month/day/year)

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

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

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

List A	OR	List B	AND	List C
Document title: <u>Passport</u>				
Issuing authority: <u>U.S. Department of State</u>				
Document #: <u>449546548</u>				
Expiration Date (if any): <u>Aug 26, 2016</u>				
Document #:				
Expiration Date (if any):				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 08/11/2010 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>Haytham Faraj</u>	Date (month/day/year) <u>8/12/2010</u>
Business of Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>The Law Firm of Puckett & Faraj, PC Alex, VA 22314</u>		

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

A. New Name (if applicable)	Date of new hire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that is the current employment authorization.

Document Title	Document #	Expiration Date (if any)
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

Faint header text at the top of the page, possibly containing a title or reference number.

First main paragraph of text, containing several lines of faint, illegible characters.

Second main paragraph of text, continuing the faint, illegible content.

Third main paragraph of text, with very light and sparse characters.

Fourth main paragraph of text, appearing as a block of faint noise.

Fifth main paragraph of text, containing some more distinct but still faint markings.

Sixth main paragraph of text, located near the bottom of the page.

Faint footer text at the bottom of the page, possibly including a date or page number.