

### **Manual ADP Signup**

1. Go to <http://myAccess.adp.com>
2. Click “Register Now”
3. Complete the registration process
4. Once registered, click My Info and verify that your information is correct.
5. If anything needs to be changed, please notify your JB3.

I believe towards the end it asks for an email, you **MUST** use your @ubreakifix.com email.

New hires will **NOT** be able to access ADP until they receive their first paycheck.

This is **NOT** a “day one” item.

The following is the procedure for registering for the drug screening, driving, and background check which must be completed in order for you to become Asurion certified.

Essentially, you:

1. Click this [link](#)
2. Select "Criminal, Driving and Drug" It should be the one that's around \$110.
3. For business phone use (269) 775-1910. It should come up as "JJB23 Holdings, Inc."
4. Select "self pay" for the method of payment, and then contact store manager for credit card payment.

Be advised, *once it is submitted you have (3) business days to go to a facility for the urinalysis*. Therefore, please don't submit until you know you will have time to *actually* go to the facility. They do try and select options for facilities that are within a small radius of your address. As previously mentioned, there is a lock out period for a failure, so if there are any concerns about successfully completing this **please** let me know ahead of time and do **not** submit this.

Lastly, the confirmation email asks you to have a printed copy confirmation to bring with you to the facility. Be sure to print this out and bring it with you. I've heard they do **not** accept this confirmation being only on your phone.

If you have any questions, just let me know.



# Employee Information Form

Please fill out all required fields below. You must also complete these additional forms: I-9, Federal W-4 and State W-4.

**\* Required fields in RUN Powered by ADP®**

## BASIC INFORMATION

**First Name \***
 **MI**
 **Last Name \***

**Address 1 \***
 **City \***

**Address 2**
 **State \***
 **Zip \***

**Phone Number**
 **Mobile Number**

**Email Address (Required for Employee Access)**

/  /  **Date of Hire \***
 /  /  **Date of Birth \***

-  -  **Social Security Number \***
 **Male**
 **Female**

**Hourly**
 **Salary**
 **Amount \***

**Weekly**
 **Bi-weekly**
 **Semi-Monthly**
 **Monthly**
 **Quarterly**

## DEDUCTIONS

Deduction Name	Amount Per Pay Period
<input type="text"/>	\$ <input type="text"/> . <input type="text"/>
<input type="text"/>	\$ <input type="text"/> . <input type="text"/>

## DIRECT DEPOSIT INFORMATION

**Bank Routing Number \***

**Bank Account Number \***

**Checking**
 **Savings**

**Full Amount**
 **Partial \$**
 **Amount \***
 **Partial %**

**Bank Routing Number**

**Bank Account Number**

**Checking**
 **Savings**

**Full Amount**
 **Partial \$**
 **Amount \***
 **Partial %**



# Emergency Contact Form

<b>Employee Name</b> _____	<b>Address</b> _____
<b>Phone Number</b> _____	_____

## Special Instructions:

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

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## Emergency Contacts:

<b>Primary Contact in case of emergency:</b>			
Name	_____	Relationship	_____
Address	_____	Phone Number	_____
	_____	Alternate Phone Number	_____
<b>Secondary Contact in case of emergency:</b>			
Name	_____	Relationship	_____
Address	_____	Phone Number	_____
	_____	Alternate Phone Number	_____

**Physician Contact**

Doctor's Name _____	Address _____
Phone Number _____	_____

**Employee Authorization**

I have voluntarily provided the above contact information and authorize JJB23 Holdings, Inc. and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

\_\_\_\_\_  
*Employee signature*

\_\_\_\_\_  
*Date*

## EMPLOYEE HANDBOOK AGREEMENT

I have read and understand the rules, regulations and standards outlined in this Employee Handbook. I understand that failure to adhere to these policies will result in disciplinary action, up to and including termination of employment.

X

\_\_\_\_\_  
Employee's Signature

X

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Employee's Name (Printed)

X

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Witnessed By  
UBreakIFix Rep

X

\_\_\_\_\_  
Date

Payroll Deduction Authorization

This is my authorization for a payroll deduction of \$5.00 per pay period (every other week) to cover my company logo required apparel. This covers approximately 1/3 of the cost of employee package of 6 shirts per year.

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Signed

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Print Name

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Date