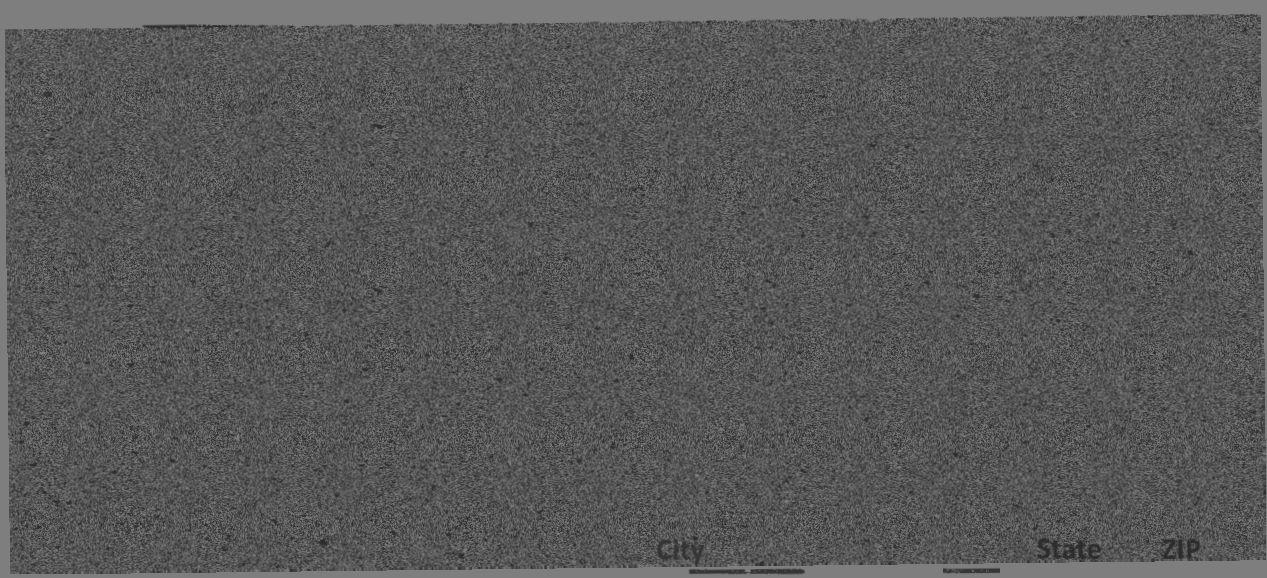
Employee Number [redacted] NAME (Last Name, First Name, MI) [redacted]

Mailing Address [redacted]

Street Address/Box/Apt. City State ZIP

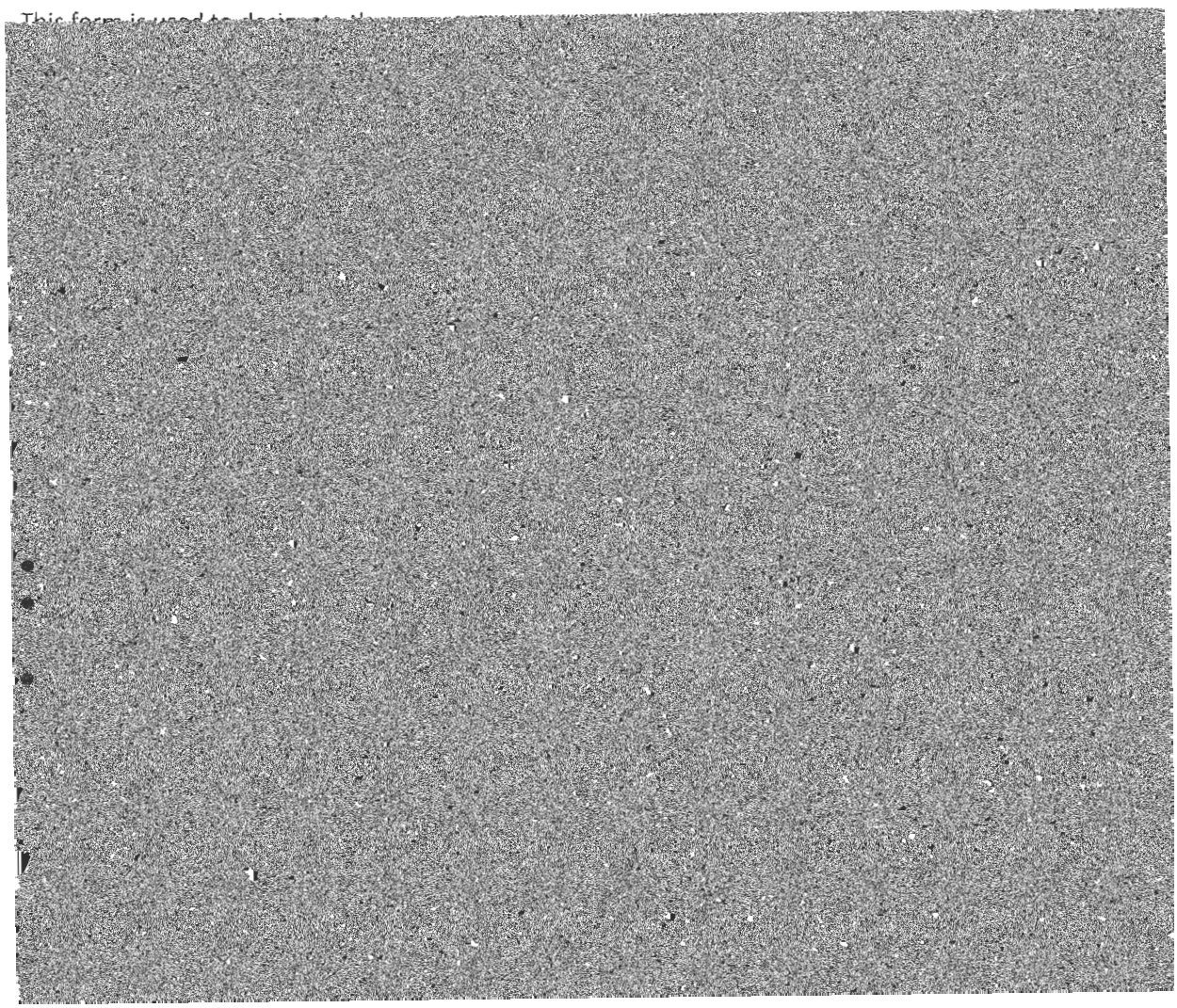


EMPLOYEE SIGNATURE DATE

Employee Instructions

Purpose of this Form

This form is used to [illegible]



Submitting the Form