NEW EMPLOYEE CHECKLIST

NAME: _____

LAST FIRST NAME MIDDLE NAME

MUST COMPLETE AT ORIENTATION (DATE) _____

PLEASE SEND TO MARKET LEADER ONCE COMPLETED

- ☐ **NEW EMPLOYEE HIRE FORM COMPLETE**
- ☐ **TD1 FORM COMPLETE**
- ☐ **TD1BC FORM COMPLETE**
- ☐ **VOID CHEQUE ATTACHED TO NEW HIRE FORM**
- ☐ **COPY OF SIN # (expiry date if applicable)**
- ☐ **COPY OF WORK PERMIT (if applicable)**
- ☐ **WSBC BULLYING & HARASSMENT POLICY**
- ☐ **WSBC SAFETY AND SECURITY POLICY**
- ☐ **CASH HANDLING POLICY**
- ☐ **HANDWASHING PROCEDURES**
- ☐ **EMPLOYEE UNIFORM AGREEMENT**
- ☐ **STAFF MEAL POLICY**
- ☐ **DISCOUNT POLICY**
- ☐ **HAVE LOG IN CREDENTIALS SET UP IN PTEU**
- ☐ **SHOW HOW TO SIGN IN/OUT EACH SHIFT**

STORE MANAGER: _____ _____

PRINT SIGNATURE

MARKET LEADER VERIFICATION _____ (SIGNATURE)

NEW HIRE FORM

☐ Rehire

STORE #: _____ **EMPLOYEE #:** _____
For Head Office Use Only

NAME: _____
LAST FIRST MIDDLE

SIN: _____ **SIN EXPIRY DATE:** _____
MONTH DAY YEAR

BIRTHDATE: _____ **PREFERED PRONOUNS:** _____
MONTH DAY YEAR

ADDRESS: _____
HOUSE NUMBER AND STREET

CITY: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

PHONE: _____ **E-MAIL ADDRESS:** _____

FIRST DAY WORKED: _____ **PART TIME OR FULL TIME** (CIRCLE ONE)

POSITION: _____ **WAGE:** _____

☐ **4% Vacation Accrual**

EMERGENCY CONTACT: _____

PHONE #: _____ **RELATIONSHIP:** _____

STORE MANAGER: _____ _____
PRINT SIGNATURE

NOTE THAT ALL ITEMS MUST BE FILLED IN TO BE ABLE TO PROCESS PAYROLL HOURS FOR NEW EMPLOYEE. MANAGERS MUST ENSURE ACCURACY AND COMPLETION BEFORE SUBMITTING TO HEAD OFFICE.

Canada Revenue Agency | Agence du revenu du Canada

Protected B when completed

TD1

2025 Personal Tax Credits Return

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number

Address	Postal code	**For non-residents only** Country of permanent residence	Social insurance number

1. Basic personal amount – Every resident of Canada can enter a basic personal amount of $16,129. However, if your net income from all sources will be greater than $177,882 and you enter $16,129, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than $177,882 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2025 Personal Tax Credits Return, and enter the calculated amount here.

2. Canada caregiver amount for infirm children under age 18 – Only one parent may claim $2,687 for each infirm child born in 2008 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

3. Age amount – If you will be 65 or older on December 31, 2025, and your net income for the year from **all** sources will be $45,522 or less, enter $9,028. You may enter a partial amount if your net income for the year will be between $45,522 and $105,709. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: $2,000 or your estimated annual pension income.

5. Tuition (full-time and part-time) – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than $100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

6. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter $10,138.

7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus $2,687 if your spouse or common-law partner is **infirm**) and your spouse's or common-law partner's estimated net income for the year if **two** of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus $2,687 if your spouse or common-law partner is **infirm**)

In all cases, go to line 9 if your spouse or common-law partner is **infirm** and has a net income for the year of $28,798 or less.

8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus $2,687 if your eligible dependant is **infirm**) and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus $2,687 if your dependant is **infirm** and you **cannot** claim the **Canada caregiver amount for infirm children under 18 years of age** for this dependant**)**

In all cases, go to line 9 if your dependant is **18 years or older, infirm,** and has a net income for the year of $28,798 or less.

9. Canada caregiver amount for eligible dependant or spouse or common-law partner – Fill out this section if, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) **or** an **infirm** spouse or common-law partner whose net income for the year will be $28,798 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than** the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under $18,816) whose net income for the year will be $20,197 or less, enter $8,601. You may enter a partial amount if their net income for the year will be between $20,197 and $28,798. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

12. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

13. TOTAL CLAIM AMOUNT – Add lines 1 to 12.
Your employer or payer will use this amount to determine the amount of your tax deductions.

Filling out Form TD1

Fill out this form **only** if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

More than one employer or payer at the same time

☐ If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2025, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

Total income is less than the total claim amount

☐ Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

For non-resident only (Tick the box that applies to you.)

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2025?

☐ Yes (Fill out the previous page.)

☐ No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at **1-800-959-8281** if you are unsure of your residency status.

Provincial or territorial personal tax credits return

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than $16,129. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

Note: You may be able to claim the child amount on Form TD1SK, 2025 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2025. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2025:

- $11.00 for each day that you live in the prescribed northern zone
- $22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

$ _____

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts.
For more information, go to **canada.ca/taxes-northern-residents**.

Additional tax to be deducted

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

$ _____

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to **canada.ca/cra-forms-publications** or call **1-800-959-5525**.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, and to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at **canada.ca/cra-info-source**.

Certification

I certify that the information given on this form is correct and complete.

Signature _____ Date _____

It is a serious offence to make a false return.

BRITISH COLUMBIA

2025 British Columbia Personal Tax Credits Return

Protected B when completed

TD1BC

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number

Address	Postal code	**For non-residents only** Country of permanent residence	Social insurance number

1. Basic personal amount – Every person employed in British Columbia and every pensioner residing in British Columbia can claim this amount. If you will have more than one employer or payer at the same time in 2025, see "More than one employer or payer at the same time" on page 2. **12,932**

2. Age amount – If you will be 65 or older on December 31, 2025 and your net income will be $43,169 or less, enter $5,799. You may enter a partial amount if your net income for the year will be between $43,169 and $81,829. To calculate a partial amount, fill out the line 2 section of Form TD1BC-WS, Worksheet for the 2025 British Columbia Personal Tax Credits Return.

3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: $1,000 or your estimated annual pension.

4. Tuition (full-time and part-time) – Fill out this section if you are a student at a university, college, or educational institution certified by Employment and Social Development Canada, and you will pay more than $100 per institution in tuition fees. Enter your total tuition fees that you will pay less your Canada Training Credit if you are a full-time or part-time student.

5. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter $9,699**.**

6. Spouse or common-law partner amount – Enter $11,073 if you are supporting your spouse or common-law partner and **both** of the following conditions apply:

- Your spouse or common-law partner lives with you
- Your spouse or common-law partner has a net income of $1,108 or less for the year

You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between $1,108 and $12,181. To calculate a partial amount, fill out the line 6 section of Form TD1BC-WS.

7. Amount for an eligible dependant – Enter $11,073 if you are supporting an eligible dependant and **all** of the following conditions apply.

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- The dependant is related to you and lives with you
- The dependant has a net income of $1,108 or less for the year

You may enter a partial amount if the eligible dependant's net income for the year will be between $1,108 and $12,181. To calculate a partial amount, fill out the line 7 section of Form TD1BC-WS.

8. British Columbia caregiver amount – You may claim this amount if you are supporting your **infirm** spouse or common-law partner, or an **infirm** eligible dependant (age 18 or older) who is your or your spouse's or common-law partner's:

- child or grandchild (including those of your spouse or common-law partner)
- parent, grandparent, brother, sister, uncle, aunt, niece or nephew who resides in Canada at any time in the year (including those of your spouse or common-law partner)

The infirm person's net income for the year must be less than $24,810. To calculate this amount, fill out the line 8 section of Form TD1BC-WS.

9. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

10. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

11. TOTAL CLAIM AMOUNT – Add lines 1 to 10.
Your employer or payer will use this amount to determine the amount of your provincial tax deductions.

Filling out Form TD1BC

Fill out this form if you have income in British Columbia and **any** of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1BC, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

☐ If you have **more** than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1BC for 2025, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1BC, check this box, enter "0" on line 11 and do not fill in lines 2 to 10

Total income is less than the total claim amount

☐ Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 11. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to **canada.ca/cra-forms-publications** or call **1-800-959-5525**.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, and to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at **canada.ca/cra-info-source**.

Certification

I certify that the information given on this form is correct and complete.

Signature _____ Date _____

It is a serious offence to make a false return.

Church's Chicken

Work Safe Bullying & Harassment Policy

1. Workplace conduct

Bullying and harassment is not acceptable or tolerated in this workplace. All workers will be treated in a fair and respectful manner.

2. Bullying and harassment

(a) includes any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably ought to have known would cause that worker to be humiliated or intimidated, but

(b) excludes any reasonable action taken by an employer or supervisor relating to the management and direction of workers or the place of employment.

Examples of conduct or comments that might constitute bullying and harassment include verbal aggression or insults, calling someone derogatory names, harmful hazing or initiation practices, vandalizing personal belongings, and spreading malicious rumors.

3. Workers must:

- not engage in the bullying and harassment of other workers
- report if bullying and harassment is observed or experienced
- apply and comply with the employer's policies and procedures on bullying and harassment

4. Application

This policy statement applies to all workers, supervisors, and support persons. It applies to interpersonal and electronic communications, such as email and social media.

5. Annual review

This policy statement will be reviewed every year. A copy will be posted near the staff area. Workers will be provided with a copy if desired.

Date: _____

Employees Signature	**Managers signature**

Church's Chicken – Rothesay Holdings LTD

Workplace Bullying and Harassment Reporting Procedures

1. How to Report

Workers can report incidents or complaints verbally or in writing. For written complaints, workers must use the Workplace Bullying and Harassment Complaint Form. When reporting verbally, the reporting contact will complete the complaint form with the worker's input.

2. When to Report

Incidents or complaints must be reported as soon as possible after experiencing or witnessing them. Prompt reporting ensures timely investigation and resolution.

3. Reporting Contact

Primary Contact: _____/ Restaurant General Manager

Alternate Contact: _____ / Area Manager

If the complaint involves the reporting contacts, reports may be directed to Leah / HR.

4. What to Include in a Report

- Names of all parties involved
- Any witnesses
- Date, time, and location of the incident(s)
- Description of behaviors, words used, or actions taken
- Any evidence (emails, handwritten notes, photographs, vandalized belongings, etc.)

5. Annual review

These reporting procedures will be reviewed on an annual basis. All workers will be provided with a copy.

Date _____

Employee Signature	**Manager Signature**

Date created: 15 september,2025 **Annual review date:** 15 september,2025

Sample workplace bullying and harassment complaint form

Name and contact information of complainant
Name of alleged bully or bullies

Personal statement

Please describe in as much detail as possible the bullying and harassment incident(s), including:

- the names of the parties involved
- any witnesses to the incident(s)
- the location, date, and time of the incident(s)
- details about the incident(s) (behaviour and/or words used)
- any additional details that would help with an investigation

Attach any supporting documents, such as emails, handwritten notes, or photographs. Physical evidence, such as vandalized personal belongings, can also be submitted.

Signature	Date

Date created: 15 september,2025 **Annual review date:** 15 september,2025

Safety & Security CHECKLIST

EMPLOYEE NAME _____ DATE _____

TOPIC	INITIALS (TRAINER)	INITIALS (WORKER)
1. Restaurant Manager contact information Name _____ # _____ Market Leader contact info Name_____ # _____		
2. Rights and responsibilities a) General duties of employees, workers, and supervisors (details in pocket guides and in PTEU and hands on training will be given and explained before starting tasks) b) Worker right to refuse unsafe work and procedure for doing so (immediately let supervisor know and report to a health and safety committee member (names and contact info posted near the schedule) or if unable contact your Market Leader. c) Worker responsibility to report hazards and procedure for doing so (immediately let your supervisor know and report to a health and safety committee member (names and contact info posted near the schedule) or if unable contact your Market Leader.		
3. Workplace health and safety rules a) must wear black non-slip kitchen shoes (closed no open toe) b) must wear safety glasses, hot gloves, heavy apron when filtering stoves c) must use oven mitts when transferring biscuit pans and removing from oven d) must say “hot stuff” when transferring hot items near other staff e) take care not to splash hot oil in the stoves (cooking chicken, placing fry baskets) f) place wet floor sign immediately following a spill and before mopping		
4. Known hazards and how to deal with them a) clean up any spill immediately to prevent slips b) Do not take short cuts when filtering the stoves (follow steps posted) c) Do not loiter near the fryers, be aware of the hot oil always lower items into the fryer slowly never drop. d) bend at the knee when lifting boxes. e) never push down garbage with bare hands foreign objects could poke (needles) f) only use equipment for the intended task.		
5. Safe work procedures for carrying out tasks a) Use the designated mop for spills (dry mop) b) When filtering let everyone around know, first step is to turn off the fryer, then place safety equipment on, follow procedure posted. c) do not drop items into the oil follow the guides on how to toss away from you, gentle rocking motions. d) do not lift items beyond your strength (20kg) ask for a helper, do not attempt to reach over your head use the safety step ladder and use a partner keep object close to your body and limit twisting. e) garbage in the washroom and the washroom could contain sharps do not push down. Change bag and carry away from your body.		

6. Procedures for working alone or in isolation a) do not work alone. b) graveyard shifts have the dining room locked.		
7. Measures to reduce the risk of violence in the workplace and procedures for dealing with violent situations (dealing with irate customers) a) Focus on the emotions first. Remain calm, and try to calm the other person. b) Avoid escalating the situation. Find ways to help the irate customer save face. c) Listen carefully and try to put yourself in the customers shoes, so you can better understand how to solve the problem. d) If you cannot calm the person, ask for help. If you are feeling threatened in anyway call 9-1-1.		
8. Personal protective equipment (PPE) – what to use, when to use it, and where to find it a) non slip kitchen shoes need to be worn at all times. b) safety glasses, apron and hot gloves need to be worn when filtering. c) long rubber gloves to mix spicy chicken products. d) use disposable gloves when using cleaning products.		
9. First Aid a) first aid attendant names b) Locations of first aid kits and eye wash facilities c) How to report an illness, injury, or other accident (including near misses) inform your supervisor on duty as well as a member of the health and safety committee		
10. Emergency procedures a) Locations of emergency exits and meeting points create a diagram and post near the schedule. b) Locations of fire extinguishers and fire alarms c) How to use fire extinguishers P-Pull the pin on the handle A-Aim the nozzle at the base of the fire S-Squeeze the lever slowly S-Sweep from side to side		
d) What to do in an emergency situation 1) Stay calm 2) assess the situation Medical (Non-life-threatening call for first aid. Life threatening or unknown call 911) Fire (contained using fire extinguisher or pull fire suppression pull station. Uncontained or growing leave the building via an emergency exit and call 911 when you have reached the muster point) Earthquake stay away from falling debris and the fryer. Leave via an emergency exit to the muster point. If unable take cover under a table away from windows.		

Cash Handling Policy.

Rothesay Holding LTD Discount Policy applies to all employees responsible for handling cash. The purpose of this policy is to ensure accuracy, accountability, and security when managing cash transactions.

- At the beginning and end of the shift, the cashier must verify the drawer to ensure the **float money** is correct before ringing up the first transaction.
- Provide accurate change and confirm amounts with the customer before closing the drawer.
- Keep the cash drawer closed and locked when not in use.
- Never leave the register unattended.
- Do not allow unauthorized persons near the register.
- Alert a manager immediately if a bill appears suspicious or counterfeit.
- Never accept bills larger than $20 for the cash drawer. If a guest wishes to pay with a larger bill, the MOD should handle the transaction.
- All voids, discounts, and refunds must be approved by a manager and documented.
- Save all employee meals receipts in drawer.
- For safety, keep cash in the register to a minimum. Place excess $20s under the till.
- Never borrow change from a register. Always request change from the MOD.

_____ _____

Employee Name Employee Signature

Hand Washing

Trainee: _____

Trainer: _____

Date: _____

Hand Washing Verification Checklist	✓ Use to mark	Initials (Trainee)	Initials (Trainer)
Hand Washing Procedure: 1. Turn on water → regulate to as hot as tolerable (100°F minimum) 2. Advance paper towel → leave hanging for sanitary access 3. Wet hands and arms under hot running water 4. Apply soap → scrub hands and arms vigorously for 20+ seconds 5. Rinse thoroughly under running water 6. Dry hands and arms with prepared towel • Use towel to advance dispenser if more towels needed 7. Turn off water with paper towel • Discard towel in dedicated trash can	☐		
When to Wash Hands • Upon entering kitchen/food prep area • Before & after handling raw foods • After restroom use • Before starting any new tasks • After drinking, eating, smoking • After handling trash • After touching face or hair • After handling money **Frequency Standard** •Hands washed at least every 30 minutes	☐		
Glove Use • Gloves required when: • Wear gloves if you have long nails. • Address existing cuts on hands. • Before handling chemicals or cleaning tools	☐		

I confirm that I understand the points listed above and agree to follow the procedures.

Team Member Signature _____	Manager Signature _____

Trainee: _____

Trainer: _____

Date: _____

Uniform Verification

Uniform Compliance – New Hire Verification	✓ Use to mark	Initials (Trainee)	Initials (Trainer)
Wear position-designated shirt along with visible name tag	☒		
Hair neat: Hair must be neatly styled, and it must be either a braid or bun with no loose long ponytails; facial hair groomed;	☐		
Logo hat/visor and hairnet worn where required	☐		
Hands washed; nails ¼ inch; no nail polish; teeth brushed; daily shower/deodorant	☐		
Modest/covered; face tattoos not visible; prohibited tattoos covered	☐		
Rings (one plain band); neck chains (one); earrings: studs or 1inch max; one facial piercing allowed; bracelets/watches not allowed	☐		
Pants/jeans clean, pressed; black/navy; jeans dark; fit appropriate; belt black; shoes black/non-slip	☐		

I confirm that I understand the points listed above and agree to follow the procedures.

Team Member Signature _____	Manager Signature _____

Employee Meal Policy.

As you are aware the Employee Meal Policy was introduced as a Benefit to all employees

The guidelines below must be followed to control Employee Meal Policy from being misused:

- All qualified employees (qualified by working 5 hours or more on that shift) are entitled to one Staff Meal (50%) discount. This Staff Meal is for one regular priced Individual combo, Staff Meals are not subject to additional discounts or coupons and the employee must pay the difference in full at the time the meal is rung in.
- All meals must be rung in as STAFF MEAL by the manager on duty (MOD) and signed by the employee consuming the meal/beverage and the MOD, prior to the meal/beverage being consumed.
- The Staff Meal receipt must be attached to the Cash Sheet to accurately account and reconcile the discounted amount. These need to be reconciled DAILY.
- Employee meals must not be prepared by the employee consuming the meal, but instead by other employees working on the line at the time **only after it shows up on the KVS monitor** so as to reinforce portioning standards.
- All employee Meals are to be consumed during unpaid 30 minute meal breaks,
- All employee meals are not transferable to another person and are not allowed to be taken off premises.
- The drink included is a standard 20oz fountain drink and does not include bottled drinks (including bottled water).
- NOTHING other than meals for qualified employees, are to be rung in as Staff Meals.
- For Health, Safety and Security reasons, employees are not permitted to eat expired/leftover product or to take expired/leftover product out of the restaurant. All expired/leftover products must be placed in the food waste bin and verified the following day.
- All Employees are entitled to free Fountain Soft Drinks while on shift.

Rothesay Holding LTD asks all its employees to respect and honor the guidelines of this discretionary Meal Policy so as to protect its integrity.

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Employee Name Employee Signature

Discount Policy.

Rothesay Holding LTD Discount Policy applies along with the Employee Meal Policy, and replaces any other discount policies. The guidelines below must be followed to control and protect the Discount Policy from being misused. All discounts are to be rung in/used as listed below unless expressly directed by Market Leader. All employees are to respect and honor the guidelines of this Discount Policy so as to protect its integrity.

Discounts require Manager Codes for use. Manager Codes may not be shared or used by anyone other than the Management employee to whom the code is assigned.

MANAGEMENT MEAL(100%)–Free employee meals must be used only for RGM and Market leader meals during there visit. The "MANAGEMENT MEAL" key must be used to key in this meal. A Manager Code is required for this key. Order receipt must be retained as part of the Cashier Settlement and be signed by both the employee receiving the meal, and the manager on duty.

STAFF MEAL (50%) – Additional discounts or coupons cannot be used along with the 50% employee discount. The "STAFF MEAL" key must be used to key in employee meals during their break. A Manager Code is required for this key. Order receipt must be retained as part of the Cashier Settlement and be signed by both the employee receiving the meal, and the manager on duty.

FIRST RESPONDERS DISCOUNT (20%) – Additional discounts or coupons cannot be used along with the 20% First responders discount. The "FIRST RESPONDERS DISCOUNT" key must be used to key in this discount for Police, Fire Dept and Ambulance workers. A Manager Code is required for this key.

SCHOOL DISCOUNT (20%) – Additional discounts or coupons cannot be used along with the 20% School discount. The "SCHOOL DISCOUNT" key must be used to key in this discount for bulk school order. A Manager Code is required for this key.

PROMO –This discount key is to be used only when a free item is being provided to customers to rectify a prior service concern. The "PROMO" key must be used to key in this discount. A Manager Code is required for this key. Promo discount is 100% which can be applied to individual items in the orders using this key. The discount order receipt must include the customer's name and contact number and be retained as part of the Cashier Settlement. The discount order receipt must be signed by the cashier accepting and the manager authorizing the discount, with an explanation written on the receipt. Additional discounts or coupons cannot be used along with the Customer Complaint discount.

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Employee Name Employee Signature