**COVID19 Clarity Agreement**

Created by Nikki Towbridge, owner of The Statements Project and Statements Salon & Academy, this agreement supports the salon and their team to have integrity and clarity with regard to payroll used as part of the Paycheck Protection Program (PPP). For further support contact Nikki and her team at nikkistatements@gmail.com

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

Employee Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee tier (at time of closure) \_\_\_\_\_\_\_\_\_\_\_\_\_

Employee tier (at time of re-opening) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Status:

Full time \_\_\_\_\_ or Part time \_\_\_\_\_

Total weekly hours scheduled \_\_\_\_\_\_\_\_\_\_\_\_

Total bi-weekly hours scheduled \_\_\_\_\_\_\_\_\_\_\_\_

Has the employee removed himself/herself from unemployment?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is the employee being considered for permanent job placement after an 8-week period?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has the Employee been terminated during the 8-week period?

Yes \_\_\_\_ No \_\_\_\_\_

Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the employee still eligible for compensation during the 8-week period?

Yes \_\_\_\_\_ No \_\_\_\_\_

Compensation Period 1

Guaranteed Compensation During Closure

(Initial Loan Disbursement - 8 Week Period)

Formula to calculate payroll:

* Take the total of the Employees pay for 12 months starting two weeks prior to the date of closure (aka 26 pay periods)
* Divide that total by 26 then multiply by 75% and that will give you the gross bi-weekly pay.
* Deduct all taxes and that amount will be the net amount the employee will receive every 2 weeks for 4 pay periods.

Employee pay - 1st pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2 weeks)

Payroll tax amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee pay - 2nd pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2 weeks)

Payroll tax amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee pay - 3rd pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2 weeks)

Payroll tax amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee pay - 4th pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2 weeks)

Payroll tax amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Continued Employment/Compensation Plan Following Initial 8 Week Period**

**(For employees who elect to stay on the team)**

Employee pay amount 1st pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2 weeks)

Employee pay amount 2nd pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2 weeks)

Employee pay amount 3rd pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2 weeks)

Employee pay amount 4th pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2 weeks)

Employee pay amount 5th pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2 weeks)

Employee pay amount 6th pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2 weeks)

Employee pay amount 7th pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2 weeks)

Employee pay amount 8th pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2 weeks)

Employee pay amount 9th pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2 weeks)

Employee pay amount 10th pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2 weeks)

Employee pay amount 11th pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2 weeks)

Employee pay amount 12th pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2 weeks)

Pre-Covid deduction for medical insurance:

Per pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_

Per month $\_\_\_\_\_\_\_\_\_\_\_\_\_

Closed period medical benefits fully paid (by employer) for employee:

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st week \_\_\_\_\_\_\_\_\_\_\_\_\_

2nd week \_\_\_\_\_\_\_\_\_\_\_\_\_

3rd week \_\_\_\_\_\_\_\_\_\_\_\_\_

4th week \_\_\_\_\_\_\_\_\_\_\_\_\_

5th week \_\_\_\_\_\_\_\_\_\_\_\_\_

6th week \_\_\_\_\_\_\_\_\_\_\_\_\_

7th week \_\_\_\_\_\_\_\_\_\_\_\_\_

8th week \_\_\_\_\_\_\_\_\_\_\_\_\_

Employee agrees to the following amount of work hours per week:

1st week \_\_\_\_\_\_\_\_\_\_\_\_\_

2nd week \_\_\_\_\_\_\_\_\_\_\_\_\_

3rd week \_\_\_\_\_\_\_\_\_\_\_\_\_

4th week \_\_\_\_\_\_\_\_\_\_\_\_\_

5th week \_\_\_\_\_\_\_\_\_\_\_\_\_

6th week \_\_\_\_\_\_\_\_\_\_\_\_\_

7th week \_\_\_\_\_\_\_\_\_\_\_\_\_

8th week \_\_\_\_\_\_\_\_\_\_\_\_\_

Is the employee eligible for pre-closure bonus due to loss of income?

Yes \_\_\_\_ No \_\_\_\_

*(Calculate amount for 2-week period prior to mandated closures)*

*$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for 1 bi-weekly pay period*

Is the employee eligible for vacation benefits in addition to average calculation of commission, salary or hourly pay?

Yes \_\_\_\_\_ No \_\_\_\_\_*$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Employee understands that receiving this benefit will forfeit vacation pay for the remainder of 2020)*

**Our expectations during this time and after with work schedules and teamwork**

* Employee has signed Non-Disclosure to preserve the business’ privacy
* Employee has signed a copy of SOP of all policies and procedures
* Employee has signed the Total Compensation contract
* Employee will strive for a high level of compassion and caring nature towards the team
* Employee will maintain positive with an attitude of gratitude towards their team at the salon
* Employee
* Pull together as a team.
* Be kind to one another.
* Forgive past failures.
* Approach the business as a place of growth and friendship.
* Be open to learning about the process of payroll and speak to one another as a team
* Looking out for one another.
* **Unemployment policies while getting back onto payroll**
* Employee will sign a letter to employer to certify that they are not continuing to collect unemployment benefits from date of re-hire
* Employer reserves the right to dispute the employee’s unemployment claims should the employee stay on payroll.
* **Resigning**
* If Employee has decided to resign from the position prior to the re-opening, they will forfeit any compensation during the specified 8-week period.
* If the employee is exempt from ineligibility of receiving compensation due to resignation, the employee will talk privately with the owner regarding their compensation during any closure periods and beyond, if any.
* **Health guidelines upon opening**
* Employee will follow all mandated sanitation and safety protocols
* **Employer’s commitment-**
* Employer is committed to using 75% of the loan proceeds for payroll costs to Employer is committed to using 25 % of the loan for allowable uses such as: rents and utilities
* Employer is committed to following all of the same personal responsibilities as stated above
* **Marketing expectations** (client service packages that salon will be launching)
* Employee will review the files of new Care collections to promote to clients
* Employee will study any new promotions that salon will hold

I understand and agree with the information that has been presented in this document.

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

 (please print)

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (please print)

Employer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (please print)

Witness Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_