

..... EMPLOYEE AGREEMENT + AUTHORIZATION .....

I, ..... have been hired as an at-will employee of honeygrow. In consideration, I  
PRINT NAME  
agree to the following:

**Confidential Information.** I understand that during my employment with honeygrow, I may be entrusted with honeygrow's Confidential Information. Confidential Information includes any proprietary information that honeygrow protects from general or public knowledge, including but not limited to recipes, procedures, policies, plans, techniques, methods, systems, ideas, know-how, trade secrets, marketing strategies, or other business information that is disclosed to me during my employment directly or indirectly, in writing, orally, electronically, or that I learn through observation. I understand that Confidential Information is provided to me so that I can perform my job responsibilities for honeygrow. I agree that I will not disclose any of honeygrow's Confidential Information in any way at any time, whether during or after my employment, unless I have been specifically authorized by honeygrow management to do so. If I have any honeygrow Confidential Information in written or electronic form, I agree to return it to honeygrow immediately upon my termination.

**Inventions.** I understand that during my employment with honeygrow, I may, independently or together with other honeygrow employees, develop new recipes, procedures, processes, techniques, marketing strategies, or other ideas that are related to my work at honeygrow. I understand and agree that any such recipes, procedures, processes, techniques, marketing strategies, or other ideas that I develop within the scope of and during my employment with honeygrow are "works made for hire" as defined by the United States Copyright Act, and are honeygrow's exclusive property. It is within honeygrow's exclusive discretion to decide to use or market any recipes, procedures, processes, techniques, marketing strategies, or other ideas that I develop during my employment with honeygrow, and I understand and agree that I will not be entitled to any royalty or recognition as a result if honeygrow does use or market any such recipes, procedures, processes, techniques, marketing strategies, or other ideas.

**Authorization for Deductions from Wages.** I hereby authorize honeygrow to deduct from my wages any and all monetary obligations of any type, nature, or kind that are owed by me to honeygrow, including but not limited to overpayment of or other unearned wages that have been erroneously received by me, damages or loss caused by me to any honeygrow property due to my negligence or intentional act, the cost of any personal long distance telephone calls, and/or personal or unauthorized charges. I understand and acknowledge that if the wages due to me in my final paycheck are insufficient to repay honeygrow for all monetary obligations I owe to honeygrow, I will remain obligated to and agree to reimburse honeygrow for any and all remaining amounts due within thirty (30) days of the date of my termination.



..... TEAM MEMBER MEAL DISCOUNT .....

honeygrow knows you work hard and get hungry!

We are excited to offer all team members \$15 towards the meal and drink of your choice either before, during or after your scheduled shift.

how does it work?

1. before, during your break or after your scheduled shift select the stir fry, honey bar, salad and drink of your choice.
2. select cash when asked for the payment option.

The Manager on duty will apply a \$15 discount towards your order. You will be responsible for paying the balance and all taxes associated with the balance. You cannot carry the balance forward to future orders or receive any change if your meal is less than \$15.

For example:

If you ordered...	The total cost was...	You pay...
salad		
+ soda	\$15.70	\$0.70
fountain drink		
+ honey bar	\$8.30	\$0

I understand honeygrow's staff meal policy and that bottled/canned beverages are for purchase only. I understand that any violation of this policy may lead to disciplinary action up to and including termination.



..... ATTENDANCE POLICY .....

Our success relies on our ability to work as a team. All hg employees must be prepared to start work promptly at the beginning of their scheduled shift; this means you are in full uniform and clocked in. We understand that life happens and will allow you to clock in up to 5 minutes before your scheduled shift and up to 5 minutes after your scheduled start time. Anything later than 5 minutes will result in disciplinary action according to the assigned point system:

Offense	Point(s) granted
Late 5 minutes or less	0
6-10 minutes late	1
11-20 minutes late	2
21+ minutes late	3
Call out with no shift coverage	5
No Call No Show	10

**10 total points = termination**

**Points will “expire” 6 months after date of incident on a rolling cycle.**

All hg employees are on a 90-day probationary period. Any attendance violation during the first 90 days of employment may lead to disciplinary action up to and including termination.

You must call your manager and let them know you will be absent or late (later than 5 minutes) at least 2 hours before your scheduled start time (the above point system will still apply). You must speak with your manager; text messages, emails or voicemails are not permitted as alternatives.

I have read and understand honeygrow’s attendance policy. I understand that if I have 10 points my employment with honeygrow will be terminated. If I have any questions I can ask my GM, District Manager or HR.



..... EMPLOYEE HEALTH POLICY AGREEMENT .....

**Reporting: Symptoms**

I agree to report to the manager when I have:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small)

**Reporting: Diagnosed Illnesses**

I agree to report to the manager when I have:

1. Norovirus
2. Salmonella Typhi (typhoid fever)
3. Shigella spp. Infection
4. E. coli Infection (Escherichia coli O157:H7 or other EHEC/STEC Infection)
5. Hepatitis A

*Note: The manager must report to the Health Department when an employee has one of these illnesses*

**Reporting: Exposure of Illness**

I agree to report to the manager when I have been exposed to any of these illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A
2. A household member with Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A



..... EMPLOYEE HEALTH POLICY CONT'D .....

**Exclusion and Restriction from work**

If you have any of the symptoms or illnesses listed above, you may be excluded\* or restricted\*\* from work.

\*\*If you are restricted from work you are allowed to come to work, but your duties may be limited.

\*If you are excluded from work you are not allowed to come to work.

**Returning to Work**

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting.

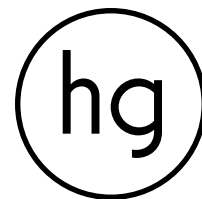
If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, Salmonella Typhi (typhoid fever), Shigella spp. infection, E. coli infections, and/or Hepatitis A, you will not be able to return to work until Health Department approval is granted.

**Agreement**

I understand that I must:

1. Report when I have or have been exposed to the symptoms or illnesses listed above
2. Comply with work restrictions and/or exclusion that are given to me

**I understand that if I do not comply with this agreement,  
it may put my job at risk.**



..... TEAM MEMBER BENEFITS SUMMARY .....

- + Earned paid time off
- + One (1) week of sick time granted at time of hire and annually
- + Plan your vacations! Closed for Thanksgiving Day, Christmas Day, New Year's Day, Memorial Day, Fourth of July and Labor Day
- + Here's to your future! 401(k)
- + Medical, dental, FSA, commuter benefits, life insurance and disability for all who qualify
- + Health and wellness resources and discounts for all those who qualify
- + Exclusive savings on entertainment, shopping, hotels and more
- + Free shift meals and discounted meals and drinks on your day off
- + Eat healthy at work - Full menu of healthy delicious options to choose from
- + Competitive salary
- + Annual performance reviews with merit increase for those who qualify
- + Referral bonus – earn up to \$500 for referring a friend!
- + Free hg gear – including your uniform!
- + Anniversary gifts
- + Career path: we're growing + we'd love for you to grow with us!
- + Culinary + hospitality training



..... CUT GLOVE INSTRUCTION SIGNOFF .....

Your safety is our top priority at honeygrow! honeygrow requires all team members to use cut gloves to reduce the risk of knife cut injuries. It is your responsibility to follow all proper cut glove safety procedures to reduce your risk of injury. No glove no love!

**Follow these steps:**

1. Wash hands prior to using cut gloves
2. Put on disposable glove first on the opposite hand that you are holding the knife with
3. Put cut glove on over the disposable glove
4. Put on another disposable glove over the cut glove

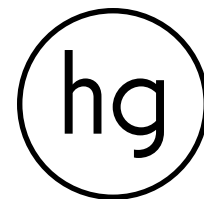
**Acknowledgement:**

I, ..... have been trained on the proper use of Cut Gloves.  
PRINT NAME

All of my questions have been answered by my manager and I feel confident using Cut Gloves.

I understand the requirements for using Cut Gloves are:

- Comply with the Cut Glove safety instructions
- Failure to comply can result in serious injury and disciplinary action up to and including termination.



..... HANDBOOK RECEIPT .....

By signing this statement, I acknowledge that I have received and read the Employee Handbook that outlines certain policies and obligations that I have as an employee of honeygrow. I understand that it is my responsibility to review and become familiar with the contents and policies described in this Handbook. I agree to abide by all the rules and policies in the Handbook, as well as any additional rules or policies that honeygrow may implement. If something is unclear to me, or if I have any questions, I will ask my Manager for clarification.

I understand that this Handbook does not create a contract of employment for a specific period or otherwise modify the at-will nature of my employment with honeygrow. I further understand that I am not being employed for any definite period of time. I understand that I am free to terminate my employment at any time, with or without notice to honeygrow, and that honeygrow retains a similar right to terminate my employment at any time. This Handbook is the property of honeygrow, and must be returned to honeygrow along with all other property belonging to honeygrow at the time employment is terminated.