



JANUARY MANAGER MEETING AGENDA

January 26th, 2016 12pm-1:30pm

1. WELCOME AND INTRODUCTIONS- 5 minutes

a. SIGN IN SHEET

2. ROD'S UPDATES- 10 minutes

3. EMPLOYEE RETENTION- 10 minutes Steven

a. Paid Time Off (PTO) Handout

b. Work Opportunity Tax Credit (WOTC) Handout

c. I9's

4. BONUS UPDATE- 10 minutes Zsolt

a. Bevinco, Food Cost, Etc. Handout

QUICK BREAK 5 MINUTES

5. ROOT DOWN CONTEST: 5 minutes Kathy

a. How to vote online every day until February 10th!- Handout

6. NEW WEBSITE UPDATE: 5 minutes Brooke

a. Look for changes in the next couple weeks to the missionyogurt.net website - Handout

7. AWARDS, CLOSING: 10 minutes Kathleen/Rod

a. Team Member of the Month Voting Handout

b. February Calendar- Handout

c. Manager of the Month



PAID TIME OFF POLICY

Colorado Hourly Team Members

Effective January 1, 2016, Mission Yogurt Inc. (the "Company") has implemented a Paid Time Off (PTO) Policy for eligible Full-Time Hourly Team Members. PTO will provide flexibility to eligible Team Members in meeting their personal needs and may be used for vacation, illness or injury, and personal matters. The amount of PTO available to eligible team members depends on the Team Member's length of continuous service with the Company. All PTO must be taken in accordance with this policy.

Eligible Team Members

Full-time Team Members are eligible for PTO beginning January 1 of the year after they reach two years of continuous full-time service. Team Members are eligible to receive PTO if they are a regular status employee scheduled to work at least 32 hours per week on a regular basis. To qualify for PTO, Team Members must be classified as full-time employees for 75% of the time that they have been employed by the Company. Team Members who leave employment for any reason, and then are rehired, will receive no credit for former time worked and the length of continuous service will begin on their re-hire date.

Amount of PTO

The amount of PTO available depends on the length of continuous full-time service with the company:

<u>Length of Continuous Full-Time Service as of January 1</u>	<u>PTO Benefits</u>
2-4 years	24 hours (3 days)
5+ years	40 hours (5 days)

Using PTO

To use PTO, a written request must be submitted to the direct supervisor with as much reasonable advance notice (30 days if possible) as practicable. The request will be in writing utilizing the Team Member Time Off Form, available online at www.missionyogurt.net. The Team Member must deliver the completed form to a Manager or Operations Manager for approval. After the Manager or Operations Manager approves the absence, the Manager or Operations Manager will send the forms to payroll@missionyogurt.com.

PTO is subject to supervisory approval and not every Team Member can take accumulated time at the same time. The Company must continue to serve customers. Team Members should request for PTO as soon as the need for PTO becomes known, particularly in frequently requested times like holiday weeks and December.

PTO is compensated at the same wage that the Team Member normally earns during regular work hours. Only available PTO may be used. PTO cannot be used at the start or end of an unapproved leave of absence. Under the Family and Medical Leave Act (FMLA) Policy, all accrued PTO is taken before the start of unpaid FMLA leave.



Management of PTO

Team Members are responsible for managing their own PTO account. It is important to plan ahead for how to use it. This means developing a plan for taking vacations, as well as doctor's appointments and personal business. It also means holding some time in "reserve" for the unexpected, such as emergencies and illnesses. The Company will notify Team Members every pay period of their PTO balances and separately track each Team Member's PTO use. This notification will be on every eligible Team Member's check.

Unused PTO at Year End

All PTO time will reset on January 1 of each year. No unused time, for any Team Member, will carry over from December 31 to January 1. The Company will pay out available and unused PTO time at the end of the year, via standard payroll procedures on the second normal pay cycle of the following calendar year. Unused PTO days are paid at the Team Member's base rate of pay. A written request must be submitted by the Team Member before December 15 each year requesting the remaining time be paid out.

Unused PTO upon Separation of Employment

The Company does not compensate Team Members for unused PTO upon separation of employment. Team Members who give two weeks' notice of termination must work the two weeks without utilizing PTO.

Minimum Increments of PTO

PTO will not normally be granted in increments of less than a standard eight hour shift.

Recording Time

An hourly time off request form must be completed and submitted to a Manager within the Team Member's store. This form must be provided, with approval signatures, to payroll electronically at payroll@missionyogurt.com. The Company is required to track absences for illness, work-related illness/injury, or to attend school-related activities for legal compliance reasons. Accordingly, it is vital that the Team Member Time Off Form indicate why the time is being taken. The amount of PTO accrued, used, and available will appear on the Team Member's paycheck stub.



PAID TIME OFF POLICY

Colorado Hourly Team Members

Frequently Asked Questions

What is Paid Time Off?

Paid Time Off (PTO) is an all-purpose time off policy for eligible Team Members to use for vacation, illness or injury, and personal matters. It combines vacation and sick leave into one flexible paid time off policy.

How do I qualify for PTO?

Full-time Team Members are eligible for PTO beginning January 1 of the year after they reach two years of continuous full-time service. Team Members are eligible to receive PTO if they are regular status employees scheduled to work at least 32 hours per week on a regular basis. To qualify for PTO, Team Members must be classified as full-time employees for 75% of the time that they have been employed by the Company. Team Members who leave employment for any reason, and then are rehired, will receive no credit for former time worked and the length of continuous service will begin on their re-hire date.

What is the length of employment required for eligibility?

Otherwise eligible Team Members will begin to receive PTO on January 1 of the year after they reach two years of continuous full-time service with the Company.

How much PTO am I entitled to take and be paid for?

The amount of PTO available depends on the length of continuous full-time service with the company:

<u>Length of Continuous Full-Time Service as of January 1</u>	<u>PTO Benefits</u>
2-4 years	24 hours (3 days)
5+ years	40 hours (5 days)

Does my PTO accrue?

PTO does not accrue. It is a once yearly bank of time given to eligible Team Members on January 1 to use within that calendar year.

How will I know how much PTO I have?

Mission Yogurt Inc. will notify Team Members every pay period of their PTO balances and separately track each Team Member's PTO use. This notification will be on every eligible Team Member's check.

How can time be used?

Team Members may use PTO for vacation, illness or injury, or personal matters. Team Members can use accrued time to obtain medical care for themselves or their child, parent, spouse/registered



domestic partner, grandparent, grandchild, sibling, or spouse/domestic partner's parent. This includes obtaining diagnosis, care, or treatment for an existing health condition, or obtaining preventive care. Team Members who are victims of domestic violence, sexual abuse, or stalking may also use accrued time.

PTO is subject to supervisory approval and not every Team Member can take accumulated time at the same time. The Company must continue to serve customers. Team Members should submit requests for PTO as soon as the need for PTO becomes known, particularly in frequently requested times like holiday weeks and December.

How do I take PTO?

Time must be taken in minimum increments of eight hours, or one standard full shift.

Under most circumstances, prior written approval is required. If a Team Member knows he or she will need to take available PTO, the Team Member must provide reasonable notice (30 days if possible) to his or her supervisor. Otherwise, the Team Member must notify his or her supervisor as soon as practicable. The request will be in writing utilizing the Team Member Time Off Form, available online at www.missionyogurt.net. The Team Member must deliver the completed form to a Manager or Operations Manager for approval. After the Manager or Operations Manager approves the absence, the Manager or Operations Manager will send the form to payroll@missionyogurt.com.

As noted above, PTO is subject to supervisory approval and not every Team Member can take accumulated time at the same time. The Company must continue to serve customers. Team Members should submit requests for as soon as the need for PTO becomes known, particularly in frequently requested times like holiday weeks and December.

What if I don't use my PTO time?

All PTO time will reset on January 1 of each year. No unused time, for any Team Member, will carry over from December 31 to January 1.

The Company will pay out available and unused PTO time at the end of the year, via standard payroll procedures on the second normal pay cycle of the following calendar year. Unused PTO days are paid at the Team Member's base rate of pay. A written request must be submitted by the Team Member before December 15 each year requesting the remaining time be paid out.

What happens if I leave Mission Yogurt?

The Company does not compensate Team Members for unused PTO upon separation of employment. Team Members who give two weeks' notice of termination must work the two weeks without utilizing PTO.



Work Opportunity Tax Credit Frequently Asked Questions

The Work Opportunity Tax Credit (WOTC) is a Federal tax credit incentive that the government provides to businesses such as Mission Yogurt Inc. for hiring individuals from several target groups who have faced barriers to employment. The main objective of this program is to enable the targeted employees to gradually move from economic dependency into self-sufficiency as they earn a steady income and become contributing taxpayers, while the participating employers are compensated by being able to reduce their federal income tax liability.

Every Mission Yogurt new hire needs to complete the following two forms *on or before the day* the job offer is made. The following two forms are provided to help ensure accuracy of this process:

- The IRS form 8850
- The WOTC Questionnaire

Both forms need to be completed and signed by the new hire. The hiring Manager needs to include on the WOTC Questionnaire the new hire's start date, hourly rate, and job position. These forms; the 8850 and WOTC Questionnaire will be submitted to the HR folder (Colorado Stores) or emailed (California Stores) with all other new hire documents.

Having all new hire packets 100% completed for 2016 will ensure that Mission Yogurt does its part, and joins other workforce programs that incentivize workplace diversity and facilitate access to good jobs for American workers.

(Rev. January 2015)

Employment History Bureau WOTC Questionnaire**Company:** Mission Yogurt**Location:** Mission Yogurt Denver

As an employer we participate in the Work Opportunity Tax Credit (WOTC) program, and various State Tax Credit Programs. Please help us by completing the following questionnaire to determine your eligibility for these programs.

Please complete all questions. Your answers will be kept strictly confidential and WILL NOT influence your employment with us, affect your personal taxes, or any government assistance you or your family may be receiving.

First Name (please print)		Last Name		Social Security #	
Date of Birth	Home Zip Code & County		Start Date	Hourly Rate	Job Position
<input type="checkbox"/> Check if you have worked for this company before? If yes, when ____/____/____			Driver's License #	State Issued	

- Yes No Not Sure
- ☐ ☐ ☐ 1. Have you received unemployment compensation in the last year? If yes, beginning _____ ending _____
- ☐ ☐ ☐ 2. Have you OR any member of your household received Food Stamps (SNAP) or Medicaid in the last 2 years?
- ☐ ☐ ☐ 3. Have you OR any member of your household received TANF, AFDC, Welfare or any government assistance in the last 3 years, including Medicaid?
- ☐ ☐ ☐ 4. Are you currently in OR have you ever been in a Vocational Rehabilitation program?
- ☐ ☐ ☐ 5. Are you a veteran of the United States Military? Military Service # _____
 Branch of Service: _____ Enlisted Date: _____ Discharge Date: _____
- ☐ ☐ ☐ 6. Are you a veteran who has been unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the last year?
- ☐ ☐ ☐ 7. Are you a veteran who has been unemployed for a period or periods totaling at least 6 months in the last year?
- ☐ ☐ ☐ 8. Are you entitled to compensation for a service-connected disability and discharged or released from active duty in the last year?

If you answered "Yes" or "Not Sure" to any of the questions above please complete the following.

Full Name of Primary Recipient	Relationship to You	S.S. # of Primary Recipient	
Agency Name	City / State Benefits Received	Caseworker's or Counselor's Name (circle one)	
Agency Address, City, State, Zip Code	Agency Phone Number ()	Date Benefits Began	Date Benefits Ended

- Yes No Not Sure
- ☐ ☐ ☐ 9. Have you received Supplemental Security Income-SSI (not retirement or Survivor benefits) at any time in the last 3 months?
 City & State where benefits were received _____

- Yes No Not Sure
- ☐ ☐ ☐ 10. Have you been convicted of a felony OR released from prison for a felony conviction in the last 12 months?

If the answer is "Yes" or "Not Sure" please complete the following.

State ____ or Federal ____ Conviction?	Parole or Probation Officer's Name & Address (Circle one)		Parole or Probation Officer's Phone Number ()	
City & County of Conviction / Incarceration	State	Date Convicted	Date Released	

IMPORTANT-PLEASE READ, SIGN AND DATE

I hereby authorize the Dept. of Social Services, Social Security Administration for Supplemental Security Income, Military Records, Vocational Rehabilitation, Veterans Administration, or Dept. of Corrections to provide the verification or information requested by Employment History Bureau (EHB) or State Workforce Agencies (SWA) and release the information to those entities as requested. This information will be used for the sole purpose of determining my eligibility for Federal and State Tax Credits, including the Work Opportunity Tax Credit Program. If my employer or EHB determines in its discretion, based on any such information or documents, that any statement on my IRS Form 8850 is in error, I hereby authorize my employer or EHB to correct any such errors or omissions and to submit the IRS Form 8850. Under penalties of perjury, I declare that the above information is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

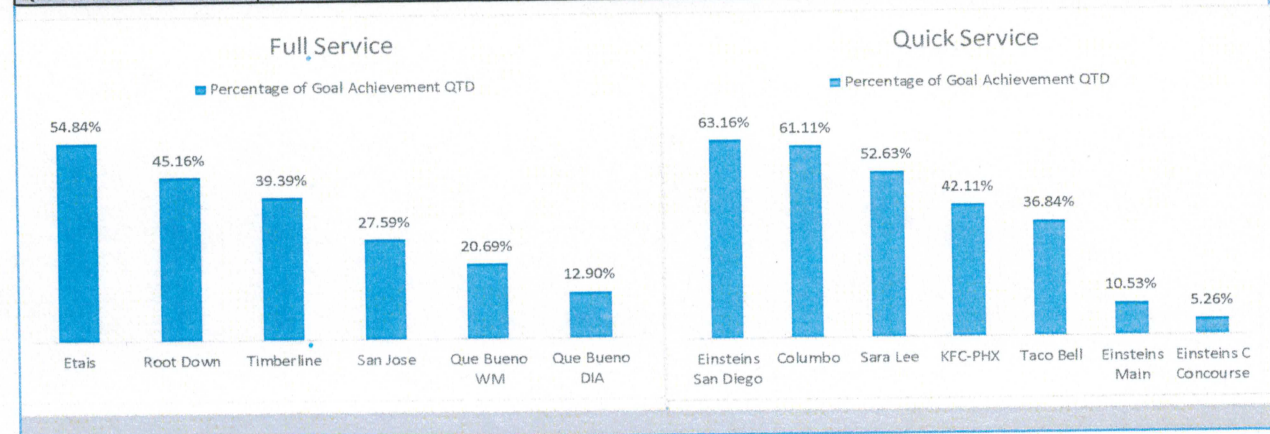
Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

Quick Service	Percentage of Goal Achievement QTD	Total Bonuses Earned to Date	Potential Bonuses to Date
Einsteins San Diego	63.16%	15	23
Columbo	61.11%	13	22
Sara Lee	52.63%	10	22
KFC-PHX	42.11%	9	22
Taco Bell	36.84%	9	22
Einsteins Main	10.53%	4	22
Einsteins C Concourse	5.26%	1	22

Full Service Store	Percentage of Goal Achievement QTD	Total Bonuses Earned to Date	Potential Bonuses to Date
Etais	54.84%	20	31
Root Down	45.16%	17	31
Timberline	39.39%	16	33
San Jose	27.59%	19	29
Que Bueno WM	20.69%	6	29
Que Bueno DIA	12.90%	5	31



Store	Achiev	Availat	%
SAN JOSE	9	13	69.2%
ETAIS	8	13	61.5%
ROOT DOV	8	13	61.5%
QB - WM	7	13	53.8%
TIMBERLIN	6	13	46.2%
QB - DIA	3	13	23.1%

Store	Achiev	Availat	%
SAN DIEGO	6	7	85.7%
KFC-PHX	5	7	71.4%
TIMBERLIN	2	7	28.6%
EINSTEINS	1	7	14.3%
ETAIS	1	7	14.3%
TACO BELI	1	7	14.3%
COLOMBC	0	7	0.0%
EINSTEINS	0	7	0.0%
QB - DIA	0	7	0.0%
QB - WM	0	7	0.0%
ROOT DOV	0	7	0.0%
SAN JOSE	0	7	0.0%
SARA LEE	0	7	0.0%

Store	Achiev	Availat	%
COLOMBC	7	7	100.0%
SAN JOSE	7	7	100.0%
SARA LEE	6	7	85.7%
ETAIS	6	7	85.7%
TIMBERLIN	5	7	71.4%
ROOT DOV	5	7	71.4%
TACO BELL	4	7	57.1%
KFC-PHX	3	7	42.9%
QB - WM	2	7	28.6%
EINSTEINS	1	7	14.3%
SAN DIEGO	1	7	14.3%
EINSTEINS	0	7	0.0%
QB - DIA	0	7	0.0%

Store	Achiev	Availat	%
SAN JOSE	3	3	100.0%
ROOT DOV	3	3	100.0%
ETAIS	3	3	100.0%
SAN DIEGO	3	3	100.0%
EINSTEINS	3	3	100.0%
COLOMBC	2	3	66.7%
SARA LEE	2	3	66.7%
TACO BELI	2	3	66.7%
TIMBERLIN	1	3	33.3%
EINSTEINS	0	3	0.0%
KFC-PHX	0	3	0.0%
QB - WM	0	3	0.0%
QB - DIA	0	3	0.0%

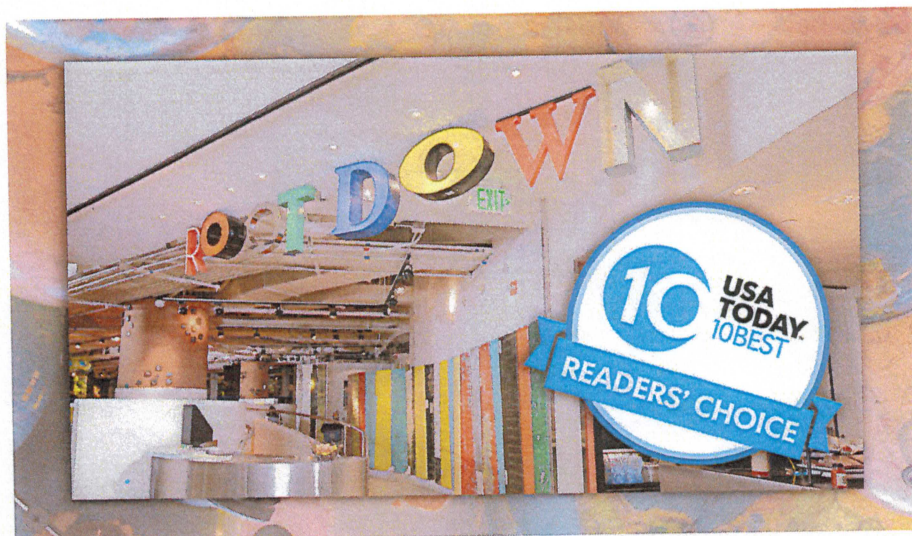
Store	Achiev	Availat	%
SAN DIEGO	2	2	100.0%
COLOMBC	1	2	50.0%
SARA LEE	1	2	50.0%
TIMBERLIN	2	4	50.0%
EINSTEINS	0	2	0.0%
TACO BELL	0	2	0.0%
ROOT DOV	0	2	0.0%
KFC-PHX	0	2	0.0%
ETAIS	0	2	0.0%
QB - DIA	0	2	0.0%
EINSTEINS	0	2	0.0%

Store	Achiev	Availat	%
COLOMBC	1	1	100.0%
KFC-PHX	1	1	100.0%
QB - DIA	1	1	100.0%
QB - WM	1	1	100.0%
TACO BELI	1	1	100.0%
ETAIS	1	1	100.0%
EINSTEINS	0	1	0.0%
ROOT DOV	0	1	0.0%
SAN DIEGO	0	1	0.0%
SAN JOSE	0	1	0.0%
SARA LEE	0	1	0.0%
TIMBERLIN	0	1	0.0%

Store	Achiev	Availat	%
COLOMBC	1	1	100.0%
SAN DIEGO	1	1	100.0%
TACO BELI	1	1	100.0%
EINSTEINS	0	1	0.0%
EINSTEINS	0	1	0.0%
ETAIS	0	1	0.0%
KFC-PHX	0	1	0.0%
QB - DIA	0	1	0.0%
QB - WM	0	1	0.0%
ROOT DOV	0	1	0.0%
SAN JOSE	0	1	0.0%
SARA LEE	0	1	0.0%
TIMBERLIN	0	1	0.0%

Store	Achiev	Availat	%
COLOMBC	1	1	100.0%
ETAIS	1	1	100.0%
QB - DIA	1	1	100.0%
SAN DIEGO	1	1	100.0%
SARA LEE	1	1	100.0%
ROOT DOV	1	1	100.0%
TACO BELL	0	1	0.0%
EINSTEINS	0	1	0.0%
EINSTEINS	0	1	0.0%
KFC-PHX	0	1	0.0%
QB - WM	0	1	0.0%
SAN JOSE	0	1	0.0%
TIMBERLIN	0	1	0.0%

ROOT DOWN DIA NEEDS YOUR VOTE!



10Best Readers' Choice Travel Award Contest

Congrats Root Down DIA!

No surprise here! Mission Yogurt Inc.'s very own Root Down has been nominated for USA Today's 10Best Readers' Choice travel award contest! An elite panel of judges selected Root Down DIA as a contender for Best Airport Local/ Regional Dining for 2016. Let's get to the top and get voting!

You can vote once per day until the end of the contest. Voting ends Wednesday, February 10th, 2016 at 11:59am EST. The winners will be announced on 10Best on Thursday, March 10th, 2016 at 12:00pm EST, then later on USA TODAY. You can read the official rules here (<http://www.10best.com/legal/awards/rules/>). Please note that the rules do not allow offering prizes or other inducements to members of the public in exchange for votes during the voting period.

[Come on! Cast Your Vote Here!](#)

Past competitions have been hotly contested, so we're look forward to seeing you rock the vote! Tag [#rootdowndia](#) on [Facebook](#), [Twitter](#), [Pinterest](#) and [Instagram](#)!






January 26th: Website Suggestions

Ideas, Additions, Changes and Requests

February

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
			LYS Timberline Tasting Steam Works			Superbowl
	1	2	3	4	5	6
Promotions — 1	Pay Date P5					
7	8	9	10	11	12	13
D-bar Macaron Promotion Valentine's Day	President's Day		LYS Timberline Tasting - TBD			
14	15	16	Prateep Tongyou	18	19	20
	MMMD National Margarita Day	 Roger Kerns				
21	Pay Date P7	23	24	25	26	27
	Denver's Restaurant Week					
28	29	1	2	3	4	5