## **Andrew Sharp** Wage Notice 4 1 2024

| 1. Employee: Andrew Sharp  |   |                       | Date         | Date of Employment/Change Effective Date: 4/1/2024  |                                     |                   |
|--|---|-----------------------|--------------|---|-------------------------------------|-------------------|
| 2. Legal name of employer: Perforce Software, Inc.   |   |                       | I            | Main office/principal place of business address:<br>400 N 1 <sup>st</sup> Ave #400, Minneapolis, MN 55401 |                                     |                   |
| Employer'  | Employer's phone number: (612) 517-2100   |                       |              |   |                                     |                   |
| Operating  | ; name of employer (if c  | lifferent)            |              |   |                                     |                   |
| Mailing ac   | ddress (if different)   |                       |              |   |                                     |                   |
| . 3. Employme  | ent status (exempt or no  | on-exempt): Exempt    |              |   |                                     |                   |
| ⊠ Employ   | ee is exempt from: $\Box$   | minimum wage          | ⊠ overtime   | ☐ other prov  | visions of Minnesota Statutes 17    | 7                 |
| Legal basis  | for exemption: Job dut  | ies and employee sa   | lary         |   |                                     |                   |
| ☐ Employ   | ee is non-exempt (entit   | led to overtime, min  | imum wage,   | other protect   | ions under Minn. Stat. 177)         |                   |
| 4. Rate of pa  | y: \$193428   | Additional rates (if  | applicable): |   | How applied (if applicable):        |                   |
| Paid by:   | Hour □  | Shift □               | Day □        |   | Week □                              |                   |
|  | Salary ⊠  | Piece □               | Commissio    | າ 🗆   | Other Method                        |                   |
| Overtime is  | s owed after: hour  | s                     |              |   |                                     |                   |
| Allowance  | es claimed: N/A   |                       |              |   |                                     |                   |
| \$ pe  | er meal for meal allowa   | nce (max = 60% of oi  | ne hour of a | lult minimum  | wage per meal)                      |                   |
|  |   |                       |              |   | n wage per day) (or fair market v   |                   |
|  | efits available:  | ,                     |              |   | 0 1 // //                           | ·                 |
|  | Sick leave ☐ Paid vacation ☑ Other paid time off (Total Time Off - TTO)                         |                       |              |   |                                     |                   |
|  | How benefits are accrued: Number of hours or days □ per year □ per month □ per pay period □ per |                       |              |   |                                     |                   |
| Terms of t   |   |                       |              |   |                                     |                   |
|  | oolicy and FAQ on OneP<br>k located on OnePlace.  | lace. Sick Leave is p | ovided as re | quired by loca  | al and state legislation as outline | d in the Perforce |
|  |   | um amplayaa'a nay     |              |   |                                     |                   |
|  | s that may be made fro  |                       |              |   |                                     |                   |
|  | lloyment taxes and with<br>rance premiums and ot  | _                     | ns           |   |                                     |                   |
| c. Retirement savings  |   |                       |              |   |                                     |                   |
|  | nishments/Liens<br>Dunts permitted under N  | Minn. Stat. 181.79    |              |   |                                     |                   |
| f. Any other amount the Company is permitted by law to withhold from wage  |   |                       |              |   |                                     |                   |
| 7. Number of hours in the pay period: 86.67 Regularly scheduled payday: 15th and last day of the month   |   |                       |              |   |                                     |                   |
| Date emp   | loyee will receive first p  | payment of wages ea   | rned: Refer  | to payroll sch  | edule below                         |                   |
| 8. In signing  | below, Employee acknowledge   | owledges that:        |              |   |                                     |                   |
|  | loyee has received a co   |                       |              |   |                                     |                   |
| b. This Employee Notice is not a contract of employment or promise of employment for any specific term. Nothing in this notice can alter the at-will nature of your employment. As an at-will employee, both you and the Company can end the |   |                       |              |   |                                     |                   |
|  | loyment relationship at   |                       |              | •   | •                                   |                   |
| Employee Sig   | nature:   |                       | Print em     | oloyee name:  |                                     | Date:             |
|  |   |                       |              |   |                                     |                   |

This document contains important information about your employment. Email <a href="mailto:contact-hr@perforce.com">contact-hr@perforce.com</a> to receive

this information in one of the following languages.

| Spanish/Español        | Este documento contiene información importante sobre su empleo. Marque la casilla a la  |
|------------------------|---|
|                        | izquierda para recibir esta información en este idioma.   |
| Hmong/Hmoob            | Daim ntawv no muaj cov xov tseem ceeb hais txog thaum koj ua hauj lwm. Khij lub npauv ntawr sab laug yog koj xav tau cov xov tseem ceeb no txhais ua lus Hmoob.                               |
| Vietnamese/Việt<br>ngữ | Tài liệu này chứa thông tin quan trọng về việc làm của quý vị. Đánh dấu vào ô bên trái để nhận thông tin này bằng Việt ngữ.   |
| Simp. Chinese/简<br>体中文 | 本文件包含与您的雇用相关的重要信息。勾选左边的方框将接收以这种语言提供的信息。   |
| Russian/русский        | Данный документ содержит важную информацию о вашем трудоустройстве. Отметьте галочкой квадрат слева для получения этой информации на данном языке.  |
| Somali/Soomaali        | Dukumentigan waxaa ku qoran macluumaad muhiim ah oo ku saabsan shaqadaada. Calaamadi sanduuqan haddii aad rabto inaad macluumaadkan ku hesho luqaddan.  |
| Laotian/ພາສາລາວ        | ເອກະສານນີ້ມີຂໍ້ມູນທີ່ສຳຄັນກ່ຽວກັບການຈ້າງງານຂອງທ່ານ.<br>ກວດເບິ່ງກ່ອງທີ່ຢູ່ເບື້ອງຊ້າຍເພື່ອຮັບຂໍ້ມູນນີ້ໃນພາສານີ້.  |
| Korean/한국어             | 이 문서에는 귀하의 고용 형태에 관련된 중요한 정보가 담겨있습니다. 이 언어로 이 정보를 받기를<br>원하시면 왼쪽 상자에 체크하여 주세요.  |
| Tagalog/Tagalog        | Ang dokumentong ito ay nagtataglay ng mahalagang impormasyon tungkol sa iyong pagtatrabaho. Lagyan ng tsek ang kahon sa kaliwa upang matanggap ang impormasyong ito sa wikang ito.            |
| Oromo/Oromoo           | Waraqaan kun waayee hojii keetii odeeffannoo barbaachisoo ta'an qabatee jira. Saaxinnii karaa<br>bitaatti argamu kana irratti mallattoo godhi yoo afaan Kanaan barreeffama argachuu barbaadde |
| Amharic/አማርኛ           | ይህ ዶኩመንት አቀጣጠሮን በሚመለከት አስፈላጊ መረጃ የያዘ ነው። ይህንን ዶኩመንት በስተማራ በኩል ባለው ቋንቋ<br>ተተርጉሞ እንዲሰጦት ከፈለጉ በዛው በስተማራ በኩል ባለው ሳተን ውስተ ምልክት ያድርጉ።   |
| Karen / ကညီကိုာ်       | လိာ်တီလိာမီတခါအံးဟ်ယှာ်တဂ်က်တက်ရှိအေကါဒီဉ်လ၊အဘဉ်ယးဒီးနုတဂ်ဖံးတဂ်မးနှဉ်လီး<br>တိုးနှိဉ်တင်းလ၊အစ္စဉ်တကပၤလ၊တဂ်ကဒီးနှုဂ်တဂ်က်ရှိလ၊ကျို်လာခါအံးအင်္ဂါတက္ကုံ.                                       |
| العربية /Arabic        | يحتوي هذا المستند على معلومات مهمة حول عملك. ضع علامة في المربع على اليمين للحصول على هذه اللغة. المعلومات في هذه اللغة.  |

## Translation providers approved by the Minnesota Department of Administration

| Betmar Languages, Inc.         | The Bridge World Language Center, Inc.   | Fox Translation Services     |  |
|--------------------------------|--|------------------------------|--|
| 6260 Hwy. 65 N.E.              | 110 Second Street S., #308               | 1152 Mae Street, #122        |  |
| Minneapolis, MN 55432          | Waite Park, MN 56387                     | Hummelstown, PA 17033        |  |
| 763-572-9711                   | 320-259-9239                             | 866-369-1646 or 407-733-3720 |  |
| best@betmar.com                | mini@bridgelanguage.com                  | dina@foxfoxcasemanagement.co |  |
| best@betillar.com              |  | <u>m</u>                     |  |
| Global Translation and         | Latin American Translators Network, Inc. | Latitude Prime, LLC          |  |
| Interpreter                    | 1720 Peachtree Street N.W., #532         | 80 S. Eighth Street, #900    |  |
| 913 E. Franklin Ave., #206     | Atlanta, GA 30309                        | Minneapolis, MN 55402        |  |
| Minneapolis, MN 55404          | 800-943-5286, ext. 8641,                 | 888-341-9080, ext. 501       |  |
| 612-722-1244                   | translations@latn.com                    | elle@latitude.com            |  |
| sandor@globaltranslations.co   | 800-943-5286, ext. 8620, idenis@latn.com |                              |  |
| <u>m</u>                       | , ,                                      |                              |  |
| Lingualinx Language Solutions, | Prisma International, Inc.               | Swits, LTD                   |  |
| Inc.                           | 1128 Harmon Place, #310                  | 110 S. Third Street          |  |
| 433 River Street, #6001        | Minneapolis, MN 55403                    | Delavan, WI 53115            |  |
| Troy, NY 12180                 | 612-349-3111                             | 262-740-2590                 |  |
| 518-388-9000                   | jromano@prisma.com                       | translations@swits.us        |  |
| abartlett@lingualinx.com       |  |                              |  |

## \_PERFORCE \_\_

## 2024 Payroll Schedule Semi-Monthly

| Pay Date   | Period Start | Period End |
|------------|--------------|------------|
| 1/15/2024  | 1/1/2024     | 1/15/2024  |
| 1/31/2024  | 1/16/2024    | 1/31/2024  |
| 2/15/2024  | 2/1/2024     | 2/15/2024  |
| 2/29/2024  | 2/16/2024    | 2/29/2024  |
| 3/15/2024  | 3/1/2024     | 3/15/2024  |
| 3/29/2024  | 3/16/2024    | 3/29/2024  |
| 4/15/2024  | 3/30/2024    | 4/15/2024  |
| 4/30/2024  | 4/16/2024    | 4/30/2024  |
| 5/15/2024  | 5/1/2024     | 5/15/2024  |
| 5/31/2024  | 5/16/2024    | 5/31/2024  |
| 6/14/2024  | 6/1/2024     | 6/14/2024  |
| 6/28/2024  | 6/15/2024    | 6/28/2024  |
| 7/15/2024  | 6/29/2024    | 7/15/2024  |
| 7/31/2024  | 7/16/2024    | 7/31/2024  |
| 8/15/2024  | 8/1/2024     | 8/15/2024  |
| 8/30/2024  | 8/16/2024    | 8/30/2024  |
| 9/13/2024  | 8/31/2024    | 9/13/2024  |
| 9/30/2024  | 9/14/2024    | 9/30/2024  |
| 10/15/2024 | 10/1/2024    | 10/15/2024 |
| 10/31/2024 | 10/16/2024   | 10/31/2024 |
| 11/15/2024 | 11/1/2024    | 11/15/2024 |
| 11/29/2024 | 11/16/2024   | 11/29/2024 |
| 12/13/2024 | 11/30/2024   | 12/13/2024 |
| 12/31/2024 | 12/14/2024   | 12/31/2024 |

| SIGNATURE                   |   |  |
|-----------------------------|---|--|
| Signer Name:                | Andrew Sharp  |  |
| User ID:                    | andy@absharp.com                                      |  |
| Date Electronically Signed: | Date Electronically Signed:  Jun 4, 2024 02:44 PM EDT |  |
| File Name:                  | andrew sharp wage notice 4 1 2024-adpdms-935.docx     |  |
| Display Name:               | Andrew Sharp Wage Notice 4 1 2024                     |  |