



TEMPORARY EMPLOYEE AGREEMENT

Payroll Procedures

- For hours worked each week, your timesheet must be signed by your immediate supervisor and faxed to the AllStaff Office no later than **Noon on Monday. Please fax your timesheet to 727-577-0001**
- You are responsible for accurately recording all time worked and must review your payroll checks for accuracy.
- Payroll checks for the previous week's time will be mailed. Payday is **Friday**.

Consent to Drug Test

- I have read and acknowledge receipt of the AllStaff Drug Testing Policy. I hereby consent and agree to give a sample of my urine, saliva and/or blood for drug or alcohol testing at the request of AllStaff or its clients. I authorize AllStaff, its clients, or any hospital, clinic, or laboratory conducting or analyzing tests to release information to each other and furnish results of the tests among themselves. I agree to release and hold harmless AllStaff, its clients, any hospital, any clinic and any laboratory from any claim, action, or liability that might arise out of the drug screen tests or the disclosure of test results.
- I understand that I am required to self-disclose post-employment criminal convictions within three business days of the conviction to AllStaff. Failure to do so may result in termination of employment.

Consent to Background Checks

- I have read and acknowledge receipt of the AllStaff Background Investigation Policy. I hereby consent and authorize AllStaff, its clients or agents to conduct background checks, credit checks, and or criminal investigations and to release information to each other and furnish this information among themselves. I agree to release and hold harmless AllStaff, its clients, or agents from any claim, action, or liability that might arise out of the disclosure of background, credit, criminal or investigative results.

Call in Procedures

- When an employee's assignment ends, the employee must contact AllStaff within 48 hours for additional work and on a weekly basis. If the employee fails to contact AllStaff or refuses an assignment, the employee will be considered to have left work voluntarily without cause and unemployment benefits may be denied.

Injury/Incident

- If an employee is injured on the job, their supervisor at the work site must be notified immediately.
- The AllStaff Office must also be contacted immediately. An AllStaff representative will review the Incident/Injury Report and Witness Statements, which must be completed by the injured employee, the employee's supervisor and any witnesses.
- The injured employee must visit a medical clinic approved by AllStaff's workers compensation insurance carrier, which are posted in the AllStaff office. An AllStaff representative will contact such clinic to notify the physician of the employee's arrival.
- A post incident drug test will be performed at the medical clinic even if no medical attention is required. Failure to pass the drug test may result in termination from AllStaff and more than likely result in denial of a workers' compensation claim.
- Documentation of the injured employee's clinic visit must be forwarded to the designated person at AllStaff.
- If the injured employee is assigned to modified/light duty and there is none available at any client site, the associate must report to the AllStaff Office where they registered for modified duty in order to receive pay.

Benefits

- An employee is entitled to 40 hours vacation pay for every 1,600 regular hours worked during a one year period from the date of their first paycheck. The 1,600 hour requirement is per annum and does not carry over year to year.

Tardiness/Absenteeism/Assignment Completion Notice

- If you accept a job through AllStaff, it is your responsibility to contact AllStaff if you are going to miss work for any reason. If you fail to complete an assignment without giving 48 hours notice, walk off a job or fail to notify AllStaff that you will be absent this will result in reducing your hourly rate to minimum wage, as established by applicable law.
- I agree to contact my AllStaff office after the completion of each assignment. I understand that if I do not call in available to AllStaff upon completion of my assignment (s), or call when I have been contacted by AllStaff regarding an assignment, I will be ineligible to receive Unemployment Benefits. I acknowledge that AllStaff has a published policy of a 90 day probationary period and employment may be terminated at any time during that period.

_____ (initial) _____ (Date) Initial and date to signify that you have read and understand the previous paragraphs.

I have read, understand and agree to the agreement stated above as a condition of employment.

Employee Signature/ Date

Witness Signature/ Date