

EMPLOYEE NOTIFICATION

Client Company: _____ Client #: _____

The company for which you will provide services is a client of Elite Payroll Solutions (herein the client company may also be referred to as your Worksite Employer). Elite Payroll Solutions provides employee administrative services under an employee leasing agreement. Through this arrangement, Elite Payroll Solutions becomes an employer for the purposes of collecting and paying federal and state withholding taxes, including Social Security taxes, and for handling certain administrative duties.

Management and supervision in the workplace are conducted by the business owner or manager, while payroll and employment records are handled by Elite Payroll Solutions. All employees are covered by Workers' Compensation insurance. Any instance of injury on the job must be reported to your workplace supervisor immediately.

Your employment is at the mutual consent of the employer and the employee, so any party can terminate the employment relationship at any time with or without cause or notice.



This is the entire notification relating to your employment, and no agreements shall be effective unless they are in writing.

I agree that I have been hired as an at-will employee and there is no contract of employment which exists between me and my Worksite Employer, nor between Elite Payroll Solutions and me and Elite Payroll Solutions has no liability with regard to any employment agreement which may exist between my Worksite Employer and me.

I understand that all new and rehired employees work on a probationary basis for the first 90 calendar days after their date of hire.

I agree to abide by the substance abuse policy as stated in the Employee Handbook. I agree that I will abide by the policy as a condition of employment, and any violation may result in disciplinary action up to and including discharge. I agree to submit to testing for the presence of drugs or alcohol within 24 hours of a work-related injury. I understand that if I refuse to execute all forms of consent or refuse to consent to testing after a work-related injury, then Elite Payroll Solutions or the Worksite Employer have the right to implement disciplinary action up to and including discharge.

I further understand and agree that continued employment with the Worksite Employer is an essential requirement for employment with Elite Payroll Solutions and that if my employment with the Worksite Employer ends, my employment with Elite Payroll Solutions will also immediately end at that time. I also agree that while I am a leased employee of Elite Payroll Solutions, if Elite Payroll Solutions does not receive payment from the Worksite Employer for services which I perform as a leased employee, Elite Payroll Solutions may pay me the applicable minimum wage (or the legally required minimum salary) for any such pay period, and I agree to this method of compensation. I understand and agree that Elite Payroll Solutions has no obligation to pay me any other compensation or benefit unless Elite Payroll Solutions has specifically, in a written agreement with me, adopted the Worksite Employer's obligation to pay me such compensation or benefit. I understand that the Worksite Employer at all times remains obligated to pay me my regular hourly rate of pay if I am a non-exempt employee and to pay me my full salary if I am an exempt employee even if Elite Payroll Solutions is not paid by the Worksite Employer. I understand and agree that Elite Payroll Solutions does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, where payment for such items has not been received by Elite Payroll Solutions from the Worksite Employer.

I have been informed and agree that if any assignment to the Work Site Employer ends for any reason, I must report back to Elite Payroll Solutions within seventy-two (72) hours (not including weekends) for possible reassignment and unemployment benefits may be denied me if I fail to do so. Failure to notify Elite Payroll Solutions within the seventy-two (72) hours will be considered as a voluntary resignation.

In addition, I also agree that if at any time during my employment I am subjected to any type of discrimination, including discrimination based on race, sex, marital status, age, genetic information, religion, color, retaliation, national origin, handicap, or disability, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact an appropriate person of the Worksite Employer. In most instances, this appropriate person will be the president of the Worksite Employer. Should I choose not to contact the Worksite Employer for any reason, I may contact Elite Payroll Solutions's human resources director at 772-220-8600 in order to obtain assistance in the resolution of such matters. I understand and agree Elite Payroll Solutions does not

have actual control over my workplace and as such, is not in a position to end or remediate any discrimination, harassment, or retaliation which may be occurring. The responsibility to resolve and/or end such inappropriate conduct rests with Worksite Employer; however, Elite Payroll Solutions will attempt to facilitate a resolution.

I further understand that any misrepresentation, falsification or omission on this or any other document shall be sufficient reason for refusal to hire me or dismissal of my employment. I hereby authorize investigation of all matters contained in this document and in any other applicable employment document. I agree that if the results of such investigation are not satisfactory, any offer of employment made by Elite Payroll Solutions and/or the Worksite Employer may be withdrawn or my employment with Elite Payroll Solutions and the Worksite Employer may be terminated immediately. I agree to conform and adhere to the rules and regulations that exist at my Worksite Employer.

Also, I understand and agree that this document and any other materials I may receive are not intended to be, nor shall be construed to be, a contract of employment and that my employment and compensation may terminate, with or without cause and with or without notice. I also understand and agree that as a condition of employment I may be required to sign and abide by a non-compete/restrictive covenant agreement.

Management and supervision of the workplace are conducted by the Worksite Employer, while payroll and employment records are managed by Elite Payroll Solutions.

I understand and agree that due to employee leasing licensure restrictions, if I am accepted as a leased employee of Elite Payroll Solutions, I am expressly prohibited from performing any work outside the state of Florida for Worksite Employer during my status as a leased employee without the prior written approval of Elite Payroll Solutions. If I work outside the state of Florida for the Worksite Employer or for anyone else without this approval from Elite Payroll Solutions, I understand that I will not be a leased employee of Elite Payroll Solutions while that work is performed.

I acknowledge receipt of an Employee Handbook. In consideration of employment, I agree to read and abide by the policies and rules contained in it including any changes communicated to employees from time to time.

Employee Signature: _____ **Date:** _____

Print Name: _____ **Social Security Number:** _____

