

Employee Stock Purchase Plan (ESPP)
Enrollment/Change Form



Offering Period: April 1, 2016 – September 30, 2016

Instructions: To participate in the above-stated offering period ("Offering") under the On Assignment, Inc. Employee Stock Purchase Plan ("ESPP"), please complete, sign and return this form to Human Resources prior to the enrollment or change in payroll deductions taking effect. If you withdraw from the Offering, you are ineligible to participate again until the next offering period.

Contract Employee **Regular Employee**

Personnel Data:

Name _____
Home Address _____
City, State, Zip _____
Work Phone () _____ Employee ID# _____
Personal Email _____

New Enrollment or **Change (Currently Enrolled)**

% (maximum is 25% of my eligible compensation)

I authorize deduction of the amount above from each of my paychecks (base, commissions and cash bonuses) for each pay period to be transmitted to On Assignment. I understand that On Assignment will use these funds to purchase shares of On Assignment's common stock and will allocate full shares to my E* TRADE account under the ESPP. I also understand that this deduction authorization shall become effective at the beginning of the Offering Period and may be discontinued at any time. **Furthermore, I understand that I may not increase or decrease my contribution to the ESPP during the Offering; however I may stop or withdraw my contribution under this Offering.**

STOP Participation **Last date to do so is September 15, 2016**

Yes, I authorize termination of all further ESPP deductions during this Offering but instruct On Assignment to use all already-contributed funds to purchase ESPP shares for this Offering. Effective this date, I understand that I am ineligible to contribute again under this Offering and can only resume participation in the ESPP during the next offering period.

WITHDRAW (Refund) **Last date to do so is September 15, 2016**

Yes, I authorize a refund of my ESPP contributions from this Offering in full to me as I do not wish to participate in this ESPP Offering. I understand that I am ineligible to participate again until the next offering period following the effective date of my withdrawal.

Certification by Participant

I acknowledge that a copy of the ESPP Plan document and prospectus is available through my Human Resources Department. I understand the terms of the ESPP, the risks inherent in my investment in the Common Stock through the ESPP, and the tax consequences of my participation in the ESPP. I agree to abide by and be bound by the terms of the ESPP. I understand that I may not increase or decrease my contribution to the ESPP during the Offering; however I understand that I may terminate my participation and withdraw from the ESPP up until 15 days prior to the end of the offering period, subject to the notice requirements of the ESPP. I further understand that I may be deemed to have withdrawn from the ESPP upon termination of my employment or if I am otherwise no longer eligible to participate in the ESPP under its terms. I also hereby certify that I meet the eligibility requirements for participation in the ESPP as described in the ESPP Prospectus. **Furthermore, I understand that I may not sell or otherwise dispose of my shares of Common Stock purchased under the ESPP until the one-year anniversary of the Exercise Date upon which my shares are purchased, other than by will or pursuant to the laws of descent and distribution.** This form supersedes all Payroll Deduction Forms previously submitted by me.

Employee Signature

Date

Email form to espp@apexsystemsinc.com or fax to 804.767.7607

OFFICE USE ONLY

Business Unit:	<input type="checkbox"/> 10000 <input type="checkbox"/> 14000 <input checked="" type="checkbox"/> 15000 <input type="checkbox"/> 16000
Company:	<input type="checkbox"/> OAI <input type="checkbox"/> Oxford <input checked="" type="checkbox"/> APEX/Lab Support <input type="checkbox"/> Cybercoders
Employee Type:	<input type="checkbox"/> Exec Officer <input type="checkbox"/> Corp Mgmt <input type="checkbox"/> Corp Staff <input type="checkbox"/> Other <input type="checkbox"/> Staff Consultant <input type="checkbox"/> Contractor