

MADISON PEO EMPLOYEE AGREEMENT

I, THE UNDERSIGNED EMPLOYEE, IN CONSIDERATION OF MY HIRING BY MADISON PEO OF FLORIDA, INC. ("MADISON") AS AN AT-WILL LEASED EMPLOYEE OF MADISON, ACKNOWLEDGE AND AGREE TO THE FOLLOWING: I HAVE BEEN HIRED AS AN AT-WILL EMPLOYEE OF MADISON WHICH IS AN EMPLOYEE LEASING COMPANY, THERE IS NO CONTRACT OF EMPLOYMENT WHICH EXISTS BETWEEN ME AND THE CLIENT TO WHICH I HAVE BEEN ASSIGNED, NOR BETWEEN MADISON AND ME AND MADISON HAS NO LIABILITY WITH REGARD TO ANY EMPLOYMENT AGREEMENT. I UNDERSTAND AND AGREE THAT EITHER MADISON OR I CAN TERMINATE OUR EMPLOYMENT RELATIONSHIP AT ANY TIME AS I AM AN AT-WILL EMPLOYEE OF MADISON. I ALSO AGREE THAT WHILE I AM A LEASED EMPLOYEE OF MADISON, IF MADISON DOES NOT RECEIVE PAYMENT FROM CLIENT FOR SERVICES WHICH I PERFORM AS A LEASED EMPLOYEE, MADISON 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 MADISON HAS NO OBLIGATION TO PAY ME ANY OTHER COMPENSATION OR BENEFIT UNLESS MADISON HAS SPECIFICALLY, IN A WRITTEN AGREEMENT WITH ME, ADOPTED THE CLIENT'S OBLIGATION TO PAY ME SUCH COMPENSATION OR BENEFIT. I UNDERSTAND THAT THE CLIENT TO WHICH I AM ASSIGNED 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 MADISON IS NOT PAID BY THE CLIENT TO WHICH I AM ASSIGNED. I UNDERSTAND AND AGREE THAT MADISON 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 MADISON FROM THE CLIENT TO WHICH I AM ASSIGNED. I HAVE BEEN INFORMED AND I AGREE THAT IF MY ASSIGNMENT WITH ANY MADISON CLIENT TO WHICH I AM ASSIGNED ENDS FOR ANY REASON, I MUST REPORT BACK TO MADISON WITHIN SEVENTY-TWO (72) HOURS FOR POSSIBLE REASSIGNMENT AND THAT UNEMPLOYMENT BENEFITS MAY BE DENIED ME IF I FAIL TO DO SO. IN RECOGNITION OF THE FACT THAT ANY WORK RELATED INJURIES WHICH MIGHT BE SUSTAINED BY ME ARE COVERED BY STATE WORKERS' COMPENSATION STATUTES, AND TO AVOID THE CIRCUMVENTION OF SUCH STATE STATUTES WHICH MAY RESULT FROM SUITS AGAINST THE CUSTOMERS OR CLIENTS OF MADISON OR AGAINST MADISON BASED ON THE SAME INJURY OR INJURIES, AND TO THE EXTENT PERMITTED BY LAW, **I HEREBY WAIVE AND FOREVER RELEASE ANY RIGHTS I MIGHT HAVE** TO MAKE CLAIMS OR BRING SUIT AGAINST ANY CLIENT OR CUSTOMER OF MADISON OR AGAINST MADISON FOR DAMAGES BASED UPON INJURIES WHICH ARE COVERED UNDER SUCH WORKERS' COMPENSATION STATUTES. I ALSO AGREE TO COMPLY WITH ANY DRUG TESTING POLICY WHICH MADISON MAY ADOPT, AND I SPECIFICALLY AGREE TO POST-ACCIDENT DRUG TESTING IN ANY SITUATION WHERE IT IS ALLOWED BY LAW. IN ADDITION, I ALSO AGREE THAT IF AT ANY TIME DURING MY EMPLOYMENT I AM SUBJECTED TO ANY TYPE OF DISCRIMINATION, INCLUDING DISCRIMINATION BECAUSE OF RACE, SEX, AGE, GENETIC INFORMATION, RELIGION, COLOR,

RETALIATION, NATIONAL ORIGIN, HANDICAP, DISABILITY, OR MARITAL STATUS, OR IF I AM SUBJECTED TO ANY TYPE OF HARASSMENT INCLUDING SEXUAL HARASSMENT, I WILL IMMEDIATELY CONTACT AN APPROPRIATE PERSON OF THE CLIENT COMPANY TO WHICH I HAVE BEEN ASSIGNED. IN MOST INSTANCES, THIS APPROPRIATE PERSON WILL BE THE PRESIDENT OF THE CLIENT COMPANY. SHOULD I CHOOSE NOT TO CONTACT THE CLIENT COMPANY FOR ANY REASON, I MAY CONTACT MADISON'S HUMAN RESOURCES DIRECTOR AT 1-866-986-0118 IN ORDER TO OBTAIN ASSISTANCE IN THE RESOLUTION OF SUCH MATTERS. I UNDERSTAND AND AGREE MADISON 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 THE CLIENT COMPANY, HOWEVER, MADISON WILL ATTEMPT TO FACILITATE A RESOLUTION.

I UNDERSTAND AND AGREE THAT IF I AM ACCEPTED AS A LEASED EMPLOYEE OF MADISON, I AM EXPRESSLY PROHIBITED FROM PERFORMING ANY WORK OUTSIDE THE STATE OF FLORIDA FOR CLIENT DURING MY STATUS AS A LEASED EMPLOYEE EXCEPT AS IS ALLOWED PURSUANT TO THE WORKERS' COMPENSATION POLICY PROVIDED TO ME BY MADISON OR EXCEPT AS MAY BE ALLOWED IN WRITING BY MADISON AND MADISON'S WORKERS' COMPENSATION CARRIER. IF I WORK OUTSIDE THE STATE OF FLORIDA FOR CLIENT WITHOUT FIRST SECURING THIS APPROVAL, I UNDERSTAND THAT, I WILL NOT BE A LEASED EMPLOYEE OF MADISON AND MAY NOT BE PROVIDED WORKERS' COMPENSATION BENEFITS THROUGH MADISON OR MADISON'S WORKERS' COMPENSATION CARRIER. MY LEASED EMPLOYMENT WITH MADISON WILL BE CONSIDERED IMMEDIATELY TERMINATED UPON COMMENCEMENT OF MY TRIP OUTSIDE THE STATE OF FLORIDA TO PERFORM WORK FOR CLIENT WHERE PRIOR APPROVAL HAS NOT BEEN RECEIVED AS SET FORTH HEREIN.

EMPLOYEE NAME (PLEASE PRINT) : _____

DATE

EMPLOYEE SIGNATURE

MADISONPEO OF FLORIDA

Employee Information Form Client Company Name: All Florida Staffing

Hire Date		SSN		DOB	
Last Name		First Name		Middle Initial	
Street Address			Street Address 2/Apt. No		
City			State	Zip	
Home Phone#			Cell Phone #		
Email Address			Have you ever been a Co-Employee of MPEOF before? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Emergency Contact Name			Relationship		
Emergency Contact Phone			Are you authorized to work in the U.S.? YES NO Note: A Form I-9 must be completed at start of employment.		
Voluntary Information: The information is voluntary and is being requested in accordance with federal regulations. It will not be used when considering you for employment.					
Racial or Ethnic American Group	<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> Asian / Pacific Islander	<input type="checkbox"/> Black / African		
	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Other		
Military Service	<input type="checkbox"/> Pre-Vietnam Era	<input type="checkbox"/> Vietnam Era	Gender	<input type="checkbox"/> Male	
	<input type="checkbox"/> Post-Vietnam Era	<input type="checkbox"/> Disabled Vet		<input type="checkbox"/> Female	
<p>1. Release of Medical Information: I hereby authorize Madison PEO of Florida and Client Company to request and obtain all records regarding worksite injury. This shall include, but not limited to, doctor's reports, nurse's notes, follow-up reports, medical bills, and test results. A fax or photocopy of this authorization shall be considered as effective and valid as the original.</p> <p>2. Employee Authorization: I certify that the above information is true to the best of my knowledge.</p>					
Employee Signature:			Date:		



Child Support Questionnaire

Company Name: All Florida Staffing, Inc

Employee Name: _____

Are you subject to a child support order or wage withholding? ☐ Yes ☐ No

If you are subject to a child support order or to a wage withholding, you are required to provide a copy to your employer. This statute applies to any employee who is hired, rehired or is returning from an unpaid leave of absence.

Please return this form along with any child support orders or wage withholdings to your employer.

Employee Signature: _____ Date: _____

Client Company: All Florida Staffing

FORM MUST BE SUBMITTED AT LEAST ONE BUSINESS DAY PRIOR TO PROCESSING DAY

Employee Name: _____

Employee Authorization and Acknowledgement of All Terms

- **A voided check is required for all checking account deposits – NO EXCEPTIONS.** Deposit slips do not contain the required information and cannot be submitted in lieu of a voided check.
- **For savings accounts,** please provide documentation from your bank containing ABA/Routing Number and Account Number.
- It takes at least one pay cycle for new direct deposits or changes to take effect.
- Should you change your banking branch, institution or account numbers, please notify your payroll department at least ten (10) days in advance so there is adequate time for change to take place.
- Errors or omissions on this form or any failure to notify MPEOF of changes in a timely manner may result in delay of your payroll funds being deposited. MPEOF will not reissue any unsuccessful direct deposit until the original transaction is returned to MPEOF by the originating bank. This process may take up to 5 days. MPEOF is not responsible for these delays and will not reimburse any fees the employee may incur as a result of outdated or inaccurate information provided by employee.

Please use this example to provide the information requested below.

Be sure to also attach a voided check for checking accounts.

Sample

JOHN SMITH
MARY SMITH
999 Maple Street
Someplace, NY 10000

Date _____

Pay to the Order of _____ \$ _____

SOME BANK
Someplace, NY 10000

For _____

Routing number: 1357902468
Account number: 1234

Do not include the check number

1234
15-00000000

I agree to these terms and authorize MPEOF to direct deposit my payroll check to the checking and/or savings account(s) listed below. In the event that funds are deposited into my account(s) in error, I authorize MPEOF to debit my account to correct the error.

Account Type (C)hecking (S)avings	ABA Routing Number (9 Digit Number)	Account Number	Bank Name	For multiple accounts, specify the percentage or dollar amount to be deposited in each
C or S				
C or S				
C or S				

Employee Signature _____ Date _____