



Welcome to **STAFF ONE**. We look forward to a long and mutually rewarding relationship with you. We have an Employee Handbook that is available for you to look at in our office. The Handbook covers employee policies and procedures and is quite comprehensive. If at any time you would be interested in reading it, please feel free to come into our office and review it. We realize that you may not have the time to review this handbook and we felt it important to furnish you with a summary of a few sections.

**WORKERS' COMPENSATION, Section 4.42**

Should you incur an injury during the course of your employment with **STAFF ONE**, please:

**CONTACT US IMMEDIATELY**

***We will direct you to the nearest medical facility closest to your work location.***

If there is any question about where to go for immediate attention, please go to the nearest Concentra Medical Center, as they are approved by our Workers' Compensation Insurance carrier.

**IF YOU DO NOT CONTACT **STAFF ONE**, YOU MAY BE HELD LIABLE FOR THE BILLS.**

As a matter of employment, we would like to inform you that in the event of injury:

1. We routinely investigate any questionable claims.
2. We reserve the right to require that you go through a routine drug screen immediately following the incident.
3. We, along with our insurance carrier, will prosecute any fraudulent claims.

Any employee restricted from working his/her normal job will be assigned to "light duty," as recommended by the attending physician.

**TERMINATION OF EMPLOYMENT, Section 2.8**

Your failure to notify us of an absence or failure to show up at work ("No Call/No Show"), or walking off of an assignment will be considered a voluntary quit. You understand that, unless otherwise defined by applicable law, your employment relationship with **STAFF ONE** is of an "at will" nature, which means that you may resign at any time and **STAFF ONE** may discharge you at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of **STAFF ONE**. You also understand that should you be hired directly by a company you were referred to by **STAFF ONE**, your status will be that of a Voluntary Resignation.

**CONTINUOUS EMPLOYMENT, Section 2.10**

You understand that any job offered to you within seven days of the end of the assignment is considered continuous employment. If you refuse to accept the position, it will probably result in the loss of unemployment benefits.

**NOTIFICATION OF INABILITY TO WORK, 2.11**

It is the policy of **STAFF ONE** that you are to notify us if you will be unable to work at the company you are assigned. Typically, you need to call us *at least* four hours prior to your starting time. If you do not give at least four hours notice, you forfeit your regular pay and will be paid minimum wage. Should you fail to notify us of an absence, or if you walk off your assignment, you agree to have your base pay, for the entire week reduced to minimum wage. Excessive absenteeism (defined as 5 absences or 6 tardies within a 12 month period) or failure to notify us could also result in termination.

**SEXUAL HARASSMENT, Section 2.2**

We are committed to the principle that all employees have the right to work in an environment free from verbal or physical harassment, which is sexual in nature. It is the policy of **STAFF ONE** to treat all complaints of sexual harassment with respect and confidentiality and with a high regard for the personal privacy of all concerned parties.

Any complaints of sexual harassment, or questions regarding this policy, should be directed to the Office Manager who will be responsible for investigating such complaints and recommending appropriate action to remedy the situation. If, for any reason, an employee has reason not to go to the Office Manager with a sexual harassment complaint, contact the Vice President. This is a second avenue, which will provide you with strict confidentiality and that person will be responsible for rendering a decision related to sexual harassment.

**Sexual harassment is a serious offense and disciplinary action will be taken up to and including discharge.**



**USE OF ILLEGAL DRUGS OR ALCOHOL, Section 7.7**

**STAFF ONE** prohibits on duty use and off duty use of illegal drugs. Some of our client companies regularly conduct random drug screens. If a questionable situation arises we reserve the right to require that you take a drug screen. A valid non-negative screen is sufficient to show misconduct connected with employment. **STAFF ONE** also prohibits on duty use of alcohol. If you are found to be under the influence of alcohol while on the job, you may be terminated for misconduct.

**REFERENCE (including EDUCATION) CHECKS/CRIMINAL BACKGROUND CHECK/MOTOR VEHICLE REPORT**

If we or one of our client companies require us to check any or all of the above, your signature on this document authorizes us to do so.

**TIME CARD POLICY**

It is the policy of **STAFF ONE** that you send us your time card, signed by your supervisor, NO LATER THAN NOON on Monday following the week you worked. Each pay period begins on Sunday and ends Saturday. If we do not receive your time card by noon on Monday, you will not receive your paycheck until Friday of the next week. You may fax or email your time card to our payroll department:

(414) 302-9175 or [payroll@StaffOneLtd.com](mailto:payroll@StaffOneLtd.com)

**GENERAL CONDITIONS OF EMPLOYMENT WITH **STAFF ONE****

As a **STAFF ONE** employee, I agree to execute my assigned responsibilities in an ethical and professional manner. I understand that all information regarding the company to which I am assigned, its products and policies, are of a confidential nature and cannot be revealed or used by me without consent of the assigned company. Further, all resources and/or property provided to assist in the performance of my assigned duties shall remain the property of the assigned company and cannot be used for personal reasons.

I further agree, with regard to my assigned position, that during the assignment period and for a period of 90 days following termination of this assignment, that I cannot be represented to the assigned company except by **STAFF ONE**. I further understand that a period of 3 months and 520 hours of continuous employment (for hourly positions) or (6 months and 1,000 hours for professional/technical positions) must be completed by me at the assigned company prior to being eligible for direct hire by that company.

I understand that, if I choose to have my paycheck mailed, **STAFF ONE** is not responsible for postal delays. It is the policy of **STAFF ONE** to wait 10 working days before stopping payment on a mailed check. I further understand that if I want payment on a check mailed to me stopped before 10 days, the stop-payment fee will be deducted from the newly issued check.

By signing below you are acknowledging that you have received a copy of and understand the preceding information. You are also authorizing **STAFF ONE** to make inquiries into your background including the information you provided on the application as well as information that is relevant to the position you are applying for.

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Employee Signature

Date

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**STAFF ONE** Representative

Date