

CO-EMPLOYMENT NOTICE AND ACKNOWLEDGMENT



MUST BE COMPLETED BY WORKSITE EMPLOYER

Worksite Employer: IQ Personnel, Inc Employee ID#: _____

Department: _____ Worksite Location: _____ Title: _____ WC Code: _____

Hire Date: _____ PEO Hire Date: _____ First Date Worked: _____ First Check Date: _____

Pay Rate: _____ Pay Frequency: _____ Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly

Pay Type: _____ Hourly _____ Salary Exempt _____ Salary Non-exempt _____ Commission _____ Other

Employment Status: _____ Full-Time _____ Part-Time _____ Temporary _____ Seasonal _____ On-Call

Authorized Signature: _____ Date: _____

EMPLOYEE INFORMATION

Name: _____ Last First Middle

Social Security Number: _____ E-Mail Address: _____

Address: _____ Apt. No. _____

City, State, Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Emergency Contact: _____ Relationship: _____ First and Last Name i.e. Spouse, Parent, Child

Daytime Phone Number: _____ Evening Phone Number: _____

Co-Employment. Your Worksite Employer and Trion Solutions, Inc. or one of its affiliates ("Trion") have entered into a Professional Employer Services Agreement (the "Agreement") that creates a co-employment relationship between your Worksite Employer, Trion and you by assigning certain human resource related functions to Trion. This is an ongoing relationship rather than a temporary or project-specific one, wherein the rights, duties and obligations of the employment relationship have been allocated between Trion and your Worksite Employer. Your Worksite Employer retains direction and control over your duties as is necessary to conduct its business and comply with licensing and regulatory laws. Trion, as the administrative co-employer, assumes responsibility for the payment of your wages, payroll taxes and benefits provided by the Worksite Employer, and reserves the right, along with your Worksite Employer, to hire, terminate, discipline and enforce employment and safety policies. The Worksite Employer is solely responsible for compliance with all federal, state and local laws regarding employment, including, but not limited to, discrimination and wage and hour laws and regulations.

Arbitration and Limitation Period. I agree that any dispute regarding my employment with the Worksite Employer, Trion and their shareholders, directors, officers or employees will be submitted and resolved by binding arbitration before the American Arbitration Association ("AAA") in accordance with its Employment Arbitration Rules and Mediation Procedures. The arbitrator may award attorney's fees to the prevailing party and all costs and expenses of the arbitration shall be allocated among the parties according to the arbitrator's discretion. The parties shall be entitled to discovery in accordance with the Federal Rules of Civil Procedure and the arbitrator's award may be entered as a final judgment in any court having jurisdiction and enforced in accordance with the arbitration award. Any claims for workers' compensation, unemployment benefits, welfare and pension benefits or claims under Section 7 of the National Labor Relations Act are excluded from this provision. I agree not to file any claim or suit relating to my employment with the Worksite Employer or Trion more than 182 calendar days after the event, practice or action complained of, and agree to waive any state or federal statutes of limitation to the contrary.

South Carolina Employees: Trion is a regulated PEO pursuant to the State's statutes and regulations. If you have any questions or complaints regarding this relationship you may contact: Carolina Department of Consumer Affairs, 2221 Devine Street, Suite 200, Columbia, South Carolina, 29205. (803) 734-4200. www.consumer.sc.gov.

Employee Signature _____ Date: _____