



**Welcome!**

**In accordance with Florida Statute Title XXII; Section 468.125(f), your worksite employer has entered into an agreement with MyPEO, a Professional Employer Organization.**

**To Be Completed By EMPLOYEE**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female

Home Street Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Three (3) or more consecutive scheduled days of No Call or No Show for shifts will be considered a voluntary quit/job abandonment. No prior warnings are needed to consider this as a voluntary resignation. Upon separation from employment, the former employee must call MyPEO at 850-696-2966.

**Employee Signature**

**Date**

**Voluntary EEO Identification**

Various agencies of the United States Government require employers to maintain information on applicants pertaining to such factors as race, sex and type of position for which an applicant applies. The information requested here is for compliance with certain record keeping requirements. We believe all persons are entitled to equal employment opportunities and do not discriminate against employees or applicants for employment because of race, color, sex, religion, nationality, disability, veteran status, age, marital status, or any other protected group.

- White (Non-Hispanic or Latino)
- Black or African American (Non-Hispanic or Latino)
- Hispanic or Latino
- Asian (Non-Hispanic or Latino) Origins of the Far East, Southeast Asia or the Indian subcontinent
- Native Hawaiian or Other Pacific Islander
- Origins of Hawaii, Guam, Samoa or other Pacific Islands
- American Indian or Alaskan Native
- Two or More Races (Non-Hispanic or Latino) All persons who identify with more than one of the listed races

If the employee elected not to complete the information, the employer has completed it through visual identification as required by law.

**To Be Completed By CLIENT**

Client Name \_\_\_\_\_

Status  New Hire  Re-Hire Hire Date \_\_\_\_\_ Original Hire Date \_\_\_\_\_

Workers Comp Class \_\_\_\_\_ Position Title \_\_\_\_\_

Code \_\_\_\_\_ Primary Dept. \_\_\_\_\_

Location \_\_\_\_\_

FLSA Status  Exempt /  Non-Exempt Standard # of Hours per Week \_\_\_\_\_

Full Time  Part-Time

**Pay Frequency**

- Weekly
- Bi-Weekly
- Semi-Monthly
- Monthly

**Method and Rate of Pay**

- Hourly / Rate \_\_\_\_\_
- Salary / Amount \_\_\_\_\_
- Piecework Rate / Amount \_\_\_\_\_

**Client Signature**

**Date**



## AGREEMENT

I, THE UNDERSIGNED EMPLOYEE, IN CONSIDERATION OF MY HIRING BY MyPEO AS AN AT-WILL LEASED EMPLOYEE OF MyPEO, ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

- I have been hired as an at-will employee of MyPEO, 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 MyPEO and me, and MyPEO have no liability with regard to any employment agreement.
- I understand and agree that either MyPEO or I can terminate our employment relationship at any time as I am an at-will employee of MyPEO.
- I further understand and agree that continued employment with the client to which I have been assigned is an essential requirement for employment with MyPEO, and that if my employment with the client to which I have been assigned ends, my employment with MyPEO will also immediately end at that time.
- I also agree that while I am a leased employee of MyPEO, if MyPEO does not receive payment from client for services which I perform as a leased employee, MyPEO will still 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 MyPEO has no obligation to pay me any other compensation or benefit unless MyPEO 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 MyPEO is not paid by the client to which I am assigned.
- I understand and agree that MyPEO 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 MyPEO from the client to which I am assigned.
- 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 MyPEO, or against MyPEO 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 MyPEO or against MyPEO for damages based upon injuries which are covered under such workers' compensation statutes.
- I also agree to comply with any drug testing policy which MyPEO 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 MyPEO human resources director at 850-696-2966 in order to obtain assistance in the resolution of such matters. I understand and agree MyPEO 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, MyPEO will attempt to facilitate a resolution.
- I understand and agree that if I am accepted as a leased employee of MyPEO, 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 MyPEO, or except as may be allowed in writing by MyPEO and MyPEO 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 MyPEO and may not be provided workers' compensation benefits through MyPEO or MyPEO's workers' compensation carrier. My leased employment with MyPEO 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 Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



## Prohibited Placement Policy

As an MyPEO employee, your safety is our greatest concern. For that reason, there are certain jobs and working conditions that we do not allow. Under no circumstances do we allow our workers' to get on roofs. Work that is more than six feet off of the ground must be approved by MyPEO in writing, and work that is more than knee level below ground must meet OSHA requirements. If you are ever asked to perform work that involves these conditions, you must **call our office immediately at 850-696-2966**.

# NO ROOFS!

**NO WORK MORE THAN SIX FEET OFF OF THE GROUND WITHOUT WRITTEN CONSENT**  
**DO NOT PERFORM ANY WORK THAT YOU FEEL IS UNSAFE!**

By signing below, I agree to call MyPEO's office if I am asked to perform work that requires me to get on a roof, is more than six feet off of the ground, or is more than knee deep below ground level.

Employee Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Anti-Fraud Reward Program

Workers' compensation fraud occurs when any person knowingly and with intent to injure, defraud or deceive any employer or employee, insurance carrier or self-insured program, files false or misleading information. Workers' compensation fraud is a third degree felony that can result in fines, civil liability and jail time. Rewards of up to \$25,000 may be paid to individuals who provide information that lead to the arrest and conviction of persons committing insurance fraud.

To report suspected workers' compensation fraud call 850-696-2966

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Employee Acknowledgement

I have been hired as an at-will employee of MyPEO, which is an employee leasing company that is the employer of record and provides payroll administration, workman's compensation coverage, and year end W-2 statements.

I understand I am a leased employee.

**Upon separation from employment, the former employee must call MyPEO at 850-696-2966. If you make no attempt to contact MyPEO benefits may be denied.**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_