



Capital Business Services, Inc.

EMPLOYEE NOTIFICATION

The company on whose premises you work is a client of Capital Business Services, Inc. which provides employee administration services under a co-employment leasing agreement. Through this arrangement, Capital Business Services, Inc. becomes a joint employer for purposes of collecting and paying federal and state withholding taxes, including Social Security taxes, and in handling personnel administrative duties.

Management and supervision in the workplace is conducted by the business owner or manager while all payroll and employment records are handled by Capital Business Services, Inc.

Your employment is at the mutual consent of the employer and employee so either party can terminate the employment relationship at any time with or without cause or notice. This is the entire agreement relating to your employment and no other agreements shall be effective unless they are in writing.

In signing this notification you agree that any controversy or claim arising out of or relating to your employment with Capital Business Services Inc., or its client company shall be settled by arbitration administered by the American Arbitration Association under its Employment Dispute Resolution Rules and judgment on the award rendered by the arbitrator(s) shall be final and binding and may be entered in any court having jurisdiction thereof.

You agree to report all work related injuries to Capital Business Services immediately and to submit to testing for the presence of drugs or alcohol within 24 hours of a work-related injury. You understand that if you refuse to execute all forms of consent and refuse to consent to testing after a work-related accident/injury, then Capital Business Services or its client has the right to implement disciplinary action, up to and including discharge.

You agree that upon termination, all direct deposits will cease and a paper check will be sent to your supervisor. You must contact him/her to schedule pick-up upon your last day of employment.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING NOTIFICATION AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Agreed and accepted:

Employee Signature: _____ Date: _____

Employee Name (Print): _____

Address: _____

To be Completed by the Employee and Employer (after hire date)

Client Name: _____ Employee Name: _____

Date of Hire: _____ Normal hours of work are estimated to be: _____ per week.

Job Title: _____ Job Description: _____

Pay Rate: \$ _____ Hourly Salary Commission Other: _____

Work Status: Full-Time Part-Time Temporary

Pay Period is: Weekly Bi-Weekly Semi-Monthly Monthly

Deductions from wages other than taxes are: _____

Sex: Male Female Date of Birth: _____ Handicap Vietnam Era Veteran Disabled Veteran

Race: Caucasian African American American Indian Hispanic Asian Other: _____

In the event of an Emergency, please list Emergency Contact Number(s):

Name: _____ Relationship: _____ Phone #: _____