



EMPLOYMENT ACKNOWLEDGEMENT FORM

I acknowledge that I am an employee of (Staffing Supplier) _____. I shall remain an employee of (Staffing Supplier) _____ during the entire period of this assignment. I am not an employee of WorkforceLogic or its Client, (Staffing Supplier) _____ shall be responsible for payment of all wages and compensation, all benefits, including, but not limited to unemployment, social security and other payroll taxes, (hereafter Benefit Programs).

As an employee of (Staffing Supplier) _____, I acknowledge that I am not entitled to participate in any of WorkforceLogic and/or its Client's Benefit Programs and do hereby expressly waive any and all claims to any rights to participate in such Benefit Programs.

Employee Signature

Print Name - Date