

ACKNOWLEDGEMENT OF WORK ASSIGNMENT

I, the undersigned, am an employee of OPT Staffing Services, (“Supplier”), agree to accept a temporary work assignment to _____, (“Company”).

As a precondition to receiving such work assignment, I acknowledge the following:

1. I understand that I am an employee of the SUPPLIER and not of the COMPANY and that I will be paid directly by SUPPLIER.
2. I understand that the work assignment is a temporary one for a defined period of time, the length of which may be increased or decreased.
3. I understand that if I do not perform to complete satisfaction of COMPANY, leave assignment prior to completion of assigned work, I may not be assigned any continuing or additional work at COMPANY.
4. I understand that any problem or complaints I may have regarding the work assignment must be directed to my SUPPLIER Supervisor and not to COMPANY.
5. I understand that my rate of pay from the SUPPLIER may be greater or lesser than that received by other individuals who are performing similar services for the COMPANY, regardless of whether they are employees of COMPANY or other agencies.
6. I understand that there have been and will be no representations as to any assurance or possibility of being hired as a regular employee of the COMPANY, and that since I am not employee of the COMPANY, no promotions or other forms of advancement or transfer by COMPANY are available now or in the future.

Printed Name

Social Security Number

Signature

Date

Telephone Number

Emergency Number

Email