



**THIS AGREEMENT IS SUBJECT TO ARBITRATION, PURSUANT TO THE PROVISIONS OF SECTION 15-48-10 OF THE CODE OF LAWS OF SOUTH CAROLINA, 1976, AS AMENDED.**

**EMPLOYEE NOTIFICATION**

The company on whose premises you work is a client of Checkmate Services, Inc. which provides employee administration services. Through this arrangement Checkmate collects and pays federal and state withholding taxes, including Social Security taxes.

Management and supervision in the workplace is conducted by the client company while all payroll, and employment records are handled by Checkmate. All employees are covered by worker's compensation insurance and any instance of injury on the job must be reported to your workplace supervisor immediately.

In signing this you agree that any controversy or claim arising out of or relating to your employment with Checkmate 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) may be entered in any court having jurisdiction thereof.

You agree 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 injury you may be subject to disciplinary action, up to and including, discharge.

You acknowledge receipt of the company's employee handbook and in consideration of your employment agree to read and abide by the policies and rules contained in it including any changes communicated to employees from time to time.

Normal hours of work are estimated to be: 1-40 per week or as needed.

Pay Rate of \$ \_\_\_\_\_ ( ) hour ( ) salary ( ) commission

to be paid  weekly  biweekly

Payday is: Fri., Sat., Sun., Mon., Tues., Wed., Thur., at: \_\_\_\_\_

Deductions from wages other than taxes are: insurance, loans, advances, uniforms, loss or damage to company or private property, saving or retirement plans, any unauthorized use of company phones, cost of failed drug test and \_\_\_\_\_.

Absence for 2 consecutive days without notice will be considered voluntary termination.

**THE EMPLOYEE ACKNOWLEDGES AND UNDERSTANDS THAT EMPLOYMENT IS OF AN "AT-WILL" NATURE. THEREFORE, THE EMPLOYER OR EMPLOYEE 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.**

**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 or Type) \_\_\_\_\_