

EMPLOYMENT CONTRACT

This agreement is made by and between Professional Employee Benefits (PEB) and the employee named at the end of this agreement. The contact person for PEB is Keith A. Haslem, who can be reached by calling 801-235-9991. The offices of PEB are located at 360 West 920 North, Orem, Utah.

I, the employee, understand that I am under contract for the purpose of being leased to a "Client Company" who has agreed to subscribe to the "professional employer" services offered by PEB. In addition I understand and agree to the following terms of employment:

(1) It is understood that compensation will be received from PEB. I understand that the standard pay rate for PEB employees is the minimum wage as established by the U.S. Department of Labor. I understand that the client company to which I am assigned may elect to pay me a wage higher than the minimum wage. In the event that the client company declares bankruptcy or is otherwise unable to pay PEB for my accrued wages, it is hereby agreed that PEB's obligation shall be limited to accrued hours at the minimum wage rate.

(2) I understand that any unexcused absence from work will be grounds for immediate dismissal. I agree to contact my supervisor by telephone as soon as possible to request an excused absence when such absence is necessary.

(3) I understand that I am expected to:

- A. Work all scheduled shifts,
- B. Be to work on time,
- C. Meet established job performance standards,
- D. Not engage in personal business on company time,
- E. Follow accepted and common sense safety standards for my assigned job,
- F. Avoid any conduct that may be perceived as sexual harassment by co-workers,

(4) I authorize PEB to withhold from my paycheck amounts disbursed in my behalf by the client company (advances, loans, tool reimbursements, uniform cleaning etc.)

(5) I understand that I should immediately notify PEB if I am experiencing or witnessing:

- A. Sexual harassment,
- B. Unsafe working conditions,
- C. Discrimination based on age, sex, race, religion, color, age, pregnancy, national, origin, handicap or any other legally protected status,
- D. Unsafe handling or disposal of hazardous wastes.

(6) I understand that my employment with PEB is "AT WILL", which means that PEB may terminate the employment contemplated hereunder at any time, for any reason or for no reason at all. No promise whatever exists that employment will continue for a set period of time.

(7) In the event that I request duplicate copies of paystubs or W-2's from PEB, I agree to pay \$3.00 per document, payable through payroll deduction, or cash if I am not a current employee. I agree to notify PEB of any change in my mailing address.

I acknowledge reading the entire Employment Contract and keeping a copy of the same. I also understand that refusal to abide by any of the terms of this agreement are grounds for immediate dismissal.

Company You Work For:

Employee's Printed Name

Employee's Home Phone

Email Address

Employee's Signature

Date