Temporary Employee Agreement

Employer Name: _____

Project Name: _____

Name: _____

Address: _____

City: _____State:_____ Zip: _____

Phone Number: _____

Temporary Position: _____

Pay Rate: _____

The above listed temporary position requires you to be physically fit and that you are able to work outside and able to lift large and or heavy objects.

A regular work week starts on Monday and ends on Friday and typically covers the hours 8:00am – 5:00pm. Overtime will be paid at a rate of time and one half for any hours that are worked over in any one day or over a total of forty hours in any one week. All overtime must be approved in advance by your supervisor. There are no benefits provided for this temporary position. However you will receive Worker's Compensation, Medical Withholding, and Unemployment Insurance.

A pay period is every two weeks and all payments to employees will be by check or electronic funds transfer on the Thursday following the end of each pay period.

You are entering this temporary employment position voluntarily and you are free to resign at any time and for any reason or no reason at all. Your employer is also free to conclude its relationship with you at any time and for any reason or no reason.

I have read and understand, and hereby agree to abide by all of the above terms and conditions of my temporary employment.

Employee Signature