



EMPLOYEE RECORD SHEET

Please Print Clearly

Instructions: Select New or Change, List Employee, List Employer/Client Name and Complete Sections Below

Required Entry

* New Employee: Employers Resource Payroll Start Date ___/___/___ Client Original Hire Date ___/___/___

Employee Change: Enter new information only in Section 1 and 2 Effective Date of Change ___/___/___

Employee Name _____ (as shown on SS Card) Social Security # _____

Employee Name Change (if applicable) _____ (as shown on SS Card)

Employer/Client Name _____

Section 1: Employee Complete and Sign.

Address _____

City _____ State _____ Zip Code _____

Contact Phone No. _____ Gender: Male Female Date of Birth ___/___/___

Emergency Contact _____ Relationship _____ Contact Phone No. _____

NEW EMPLOYEE ONLY: I certify that the information on this form is true, complete, and correct to the best of my knowledge and belief. I understand that I may be required to successfully complete a medical exam for initial and continued employment. I further understand that my employment is at will and agree that it is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any reason or no reason, without prior notice. Neither I nor the employer have agreed on any specific period of employment, nor any specific pay or benefits unless otherwise set forth in a separate contract. I agree that all claims, disputes and controversies between and among employees and any employee and employer, administrative employer, all agents, or any other person shall be exclusively and finally settled through the Alternate Dispute Resolution process.

I understand the requirements of this position and acknowledge I am able to perform all essential job functions with or without reasonable accommodations.

Employee Signature _____ Date ___/___/___

Section 2: Employer/Client Complete and Sign.

Payroll Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Is employee eligible for overtime pay according to the Fair Labor Standards Act?

If YES, Regular Rate \$ _____ Per Hour OR If NO, Salary \$ _____ Per Year

Commission Piece Rate Other Allowances Per Pay Period _____

Full Time _____ Hrs (Scheduled Hours per Pay Period) OR Part Time _____ Hrs (Scheduled Hours per Pay Period)

Employee Type: Regular Temporary On Call Seasonal (Note: Employee type and hours per week may determine benefit eligibility.)

Job Title/Position _____ Dept. (optional) _____ Work State _____ W/C Code _____

Leave of Absence Effective Date ___/___/___ Return to Work Date ___/___/___

Reason for Leave of Absence _____

Comments _____

Employer/Client Signature _____ Date ___/___/___

*In order to process payroll, a new Employee Record Sheet must be submitted to Employers Resource with a completed and signed Form W-4, Form I-9, Applicable State Withholding/Labor Forms, Alternative Dispute Resolution Agreement (ADR), Work Permit (where applicable). Savings Club Form is optional.



ALTERNATE DISPUTE RESOLUTION AGREEMENT

The **Employee** whose signature is affixed hereto recognize that there are many advantages to using mediation and arbitration to settle any and all legal disputes and claims, including, but not limited to, all those arising from or in the course of employment. The **Employee** agrees that for many reasons, lawsuits and court actions are disadvantageous to both and that the many benefits and advantages to all parties include: speed of process, cost effectiveness, privacy and confidentiality, use of specialized and experienced decision-makers, and complete due process and fairness to all parties.

In consideration of these many benefits, the continuation of the employment relationship, and by other agreements, the parties hereto mutually agree that this document ("Agreement") shall govern the resolution of all claims and disputes between them. The parties further agree that this Agreement shall include all such claims and disputes involving **Employer's** customers and clients, administrative employers, all agents and other employees, all subsidiaries, affiliates and parent companies and any other person or entity that has agreed to this process.

THEREFORE, Employer and Employee agree that any claim or dispute between them or against the persons or entities named above, whether related to the employment relationship or otherwise, including those created by practice, common law, court decision, or statute, now existing or created later, including any related to allegations of violations of state or federal statutes related to discrimination, and all disputes about the validity of the arbitration clause, shall be exclusively resolved, utilizing a two-step Alternate Dispute Resolution (ADR) process, as follows:

1) First, through mediation utilizing the Rules and Mediator provided by Dispute Systems, Inc., a neutral entity, or its successor; and

2) Failing settlement by mediation, the parties agree that all claims and disputes, including those of jurisdiction and arbitrability, shall be resolved by neutral binding arbitration conducted by the National Arbitration Forum (NAF), under the NAF Code of Procedure in effect at the time any claim is made, this Dispute Resolution Agreement and the Arbitration Rules of Dispute Systems, Inc., or its successor, which are incorporated herein by reference. The parties stipulate that this Agreement involves transactions in interstate commerce, is subject to the Federal Arbitration Act, invoke its jurisdiction and agree that any award of the arbitrator(s) may be entered as a judgment in any court of competent jurisdiction.

This is a legal document and any questions or concerns about it should be discussed with legal counsel of **Employee's** choice at his/her expense. **By signing this Agreement, the parties are giving up any right they may have to sue each other. Any right to trial by jury or judicial appeal is expressly waived.**

This Agreement incorporates the entire Agreement of the parties and supersedes and replaces all prior Agreements, written or oral, if any, and may not be changed, except in writing and signed by all parties. This Agreement does not create a contract of employment or in any way alter the "at-will" status of the employment relationship. This Agreement survives the employment relationship.

*You, the **Employee**, in signing below, do individually and on behalf of your heirs, successors, spouse, beneficiaries, administrators, curators, tutors, representatives and assigns, certify that you have actually read, understand and accept all of the terms, conditions and provisions contained in this Agreement.*

Employee Signature _____ Date _____

Printed Name _____