

**Receipt and Acknowledgement
of Temporary Employee Policies
of Paramount Staffing LLC**

I have received, read, and understood the Temporary Employee Policies of Paramount Staffing, LLC to include, but not limited to:

Timesheet Submission Deadlines
Attendance Policy
Check Pick-Up Policy Lost
Check/Stop Payment Policy
Direct Deposit
Address Change Policy
Healthcare Benefits Policy
Dress Code
Personal Items Policy
Solicitation/Contact of Clients
Availability Policy
Instructions for new Hire
Paperwork

I understand that these and any other policies that may be implemented by Paramount Staffing LLC from time to time are a summary of guidelines intended for informational purposes, and such policies do not constitute a contract of employment. Paramount Staffing LLC reserves the right to alter, modify, change, or delete its policies or related benefits at any time.

I understand that my employment for Paramount Staffing LLC is for an indefinite duration, and is terminable at will by me or the company.

Date

Employee Signature

Employee's Printed Name



Please **complete** and **return** ONLY the following:

Policy Acknowledgment Form

Please review all policies

Federal Tax Form (W-4) page

Boxes #1-7 MUST be completed. You must sign and date the bottom.

Georgia State Tax Form (G-4)

Boxes #1-7 or 8 must be completed. You must sign/date the bottom.

Direct Deposit Form and Voided Check

Must send a voided check or form from your bank to start the direct deposit process.

Health Benefits Enrollment Form

You must complete the form entirely. You MUST elect or deny benefits from BOTH SECTIONS, C and E.

Please either fax or email the completed forms to **404-760-4826**
or **payroll@paramountstaffing.net**