

# Employee Leasing Application

**PLEASE PRINT ALL INFORMATION LEGIBLY**

**Client:** \_\_\_\_\_ **Location:** \_\_\_\_\_

## SECTION I – TO BE COMPLETED BY EMPLOYEE

**Notice to employees:** This Employee Leasing Application includes the front and back sides of this page. Please complete Section I on this page and sign where indicated below. Then read the back side of this application and sign where indicated at the bottom of that page.

Social Security Number:		Date of Birth:	
Last Name:		First Name:	Middle Initial:
Street Address:			
Contact Number:		Email Address:	
Emergency Contact Name:			
Relationship:		Emergency Contact Number:	
Job Duties: _____			

Matrix and the client company named above (“Client”) have entered into an agreement whereby Matrix leases employees to Client. If I am accepted as a leased employee of Matrix, then I agree and understand that upon the conclusion of each job assignment (i.e. if my employment with Client is terminated), regardless of the duration, I must contact Matrix for reassignment within 48 hours of such termination. **My failure to contact Matrix may result in the denial of unemployment benefits.** In addition, if I do not receive wages, salary, or other compensation (“Compensation”) from Matrix on a regularly scheduled pay day and I do not contact Matrix by 9:00 a.m. on the third day following such scheduled pay day, then I shall be deemed to have voluntarily resigned from employment with Matrix as of the last day for which I received Compensation from Matrix. **My failure to contact Matrix may result in the denial of unemployment benefits.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## SECTION II – TO BE COMPLETED BY CLIENT COMPANY

Workers’ Compensation Code(s):		Department:	
Job Description:			
<input type="checkbox"/> New Employee	<input type="checkbox"/> Rehire	Rehire Date: _____	Permanent: _____ Seasonal: _____
Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other: _____		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Method and Rate of Payment: <i>*Must meet the FLSA Guidelines</i>	*Hourly _____	*Salary _____	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> *Exempt
	*Commission _____	*PieceWork _____	*Tips _____
Original Hire Date with Client: _____		Child Support Payments? (If yes, attach court order) <input type="checkbox"/> Yes <input type="checkbox"/> No	

\_\_\_\_\_  
Signature of Client Company Representative

\_\_\_\_\_  
Print Name of Representative

\_\_\_\_\_  
Date

LAS FORMAS DELA INSCRIPCION DEL EMPLEADO ESTAN DISPONIBLES EN ESPANOL (EMPLOYEE ENROLLMENT FORMS ARE AVAILABLE IN SPANISH)

**SECTION 1: LEASED EMPLOYEE STATUS; MATRIX IS NOT THE WORKSITE/Common LAW EMPLOYER; UNEMPLOYMENT COMPENSATION**

Matrix and the client company named on the first page of this Employee Enrollment Form (“Client”) have entered into an agreement whereby Matrix leases employees to Client. Under that agreement, upon my acceptance by Matrix as a leased employee, I will be co-employed by Matrix and Client, with Matrix being my administrative employer and Client being my common law and worksite employer. I understand that I will not be accepted as a leased employee of Matrix until the satisfactory completion of all documentation and other employment requirements of Matrix. If accepted as a leased employee of Matrix, I understand (i) that my employment with Matrix will begin as of the first date for which Client reports my work hours to Matrix that are actually paid by Matrix, (ii) that my employment with Matrix is “at-will,” which means that Matrix or I may terminate my employment with Matrix at any time, (iii) that there will be an initial 90-day probationary period during which my employment may be terminated for any reason, and (iv) that if Matrix does not receive payment from Client for services that I perform, Matrix will only be liable to me for the applicable minimum wage (or the legally required overtime pay at the applicable minimum wage rate) for any such pay period, and I agree to this method of compensation.

**IF I BECOME A LEASED EMPLOYEE OF MATRIX, I UNDERSTAND THAT UPON THE CONCLUSION OF EACH JOB ASSIGNMENT (I.E. IF MY EMPLOYMENT WITH ANY CLIENT COMPANY IS TERMINATED), REGARDLESS OF DURATION, I MUST CONTACT MATRIX FOR REASSIGNMENT WITHIN 48 HOURS OF SUCH TERMINATION. MY FAILURE TO CONTACT MATRIX MAY RESULT IN THE DENIAL OF UNEMPLOYMENT BENEFITS.**

**IN ADDITION, IF I DO NOT RECEIVE WAGES, SALARY, OR OTHER COMPENSATION (“COMPENSATION”) FROM MATRIX ON A REGULARLY SCHEDULED PAY DAY AND I DO NOT CONTACT MATRIX BY 9:00 A.M. ON THE THIRD DAY FOLLOWING SUCH SCHEDULED PAY DAY, THEN I SHALL BE DEEMED TO HAVE VOLUNTARILY RESIGNED FROM EMPLOYMENT WITH MATRIX AS OF THE LAST DAY FOR WHICH I RECEIVED COMPENSATION FROM MATRIX. MY FAILURE TO CONTACT MATRIX MAY RESULT IN THE DENIAL OF UNEMPLOYMENT BENEFITS.**

I agree that while employed by Matrix, I am prohibited from receiving Compensation directly from Client (whether by cash, check, or otherwise) or, if I am reassigned by Matrix to a different client, from that different client. I agree (i) that my acceptance of any such Compensation during any Matrix pay period (whether weekly, bi-weekly, semi-monthly, or monthly) constitutes my voluntary resignation from employment with Matrix for the entirety of such pay period (a “Non-Matrix Pay Period”), and (ii) that my receipt of Compensation from Matrix during such Non-Matrix Pay Period shall not affect my status as being solely employed by Client (or any subsequent client) during any such Non-Matrix Pay Period.

**SECTION 2: WORK RELATED INJURIES; WORKERS’ COMPENSATION INSURANCE**

I understand that during my employment with Matrix, I may be covered by a workers’ compensation insurance policy obtained by either Client or by Matrix. I acknowledge that if I have received a separate notice informing me that workers’ compensation insurance has been or will be provided by Client, that Client is responsible for obtaining such insurance and that Matrix shall have no liability for Client’s failure to obtain workers’ compensation insurance for me. If I have not received such a notice and Matrix is responsible for obtaining workers’ compensation insurance for me, (i) then prior to my acceptance as a leased employee of Matrix, Matrix shall not be responsible for any work related injury I may suffer, (ii) if I accept Compensation from Client during any Non-Matrix Pay Period (see Section 1 above), then I will not be covered by Matrix’s workers’ compensation insurance policy if I suffer a work related injury during any such pay period, and (iii) if I do not receive Compensation from Matrix on a regularly scheduled pay day and my employment with Matrix has not already been terminated, then (a) I will be deemed to have voluntarily resigned and my employment with Matrix shall be deemed terminated as of the last day for which I received Compensation from Matrix, and (b) I will not be covered by Matrix’s workers’ compensation insurance policy as of that resignation date.

**SECTION 3: POLICY ON DISCRIMINATION, HARASSMENT, AND RETALIATION**

I acknowledge and understand (i) that I am required to promptly report all incidents of discrimination, harassment, or retaliation, regardless of the offender’s identity or position, to Client, (ii) that Client is responsible for investigating any complaint and taking appropriate action, if any is determined to be necessary, to end or remediate the discrimination, harassment, or retaliation, and (iii) that Matrix does not have actual control over me, my work, or my worksite with Client, and as such Matrix is not in a position to know of any alleged discrimination, harassment, or retaliation. All actions to end or remediate any discrimination, harassment, or retaliation must come solely from Client.

**SECTION 4: ACKNOWLEDGEMENT OF DRUG FREE WORKPLACE; AGREEMENT TO SUBMIT TO DRUG TEST AND RELEASE OF RESULTS**

I understand that Matrix maintains a drug free workplace policy requiring all employees to report to work in a substance free condition. Employees found on the job to be under the influence of illegal drugs or alcohol, or who violate this policy in other ways, may be terminated. I understand that if I am injured on the job and either refuse to be tested or test positive for illegal drugs or alcohol, I may forfeit eligibility for all workers’ compensation medical and indemnity benefits. I understand that as a condition of my initial and continued employment, (i) job applicant drug testing, (ii) reasonable suspicion drug and/or alcohol testing, (iii) routing fitness for duty drug and/or alcohol testing, (iv) random drug and/or alcohol testing, and (v) follow up testing, Matrix may require me to undergo substance screening (drug testing) by urinalysis, blood (for alcohol), hair follicle, or other testing procedure. I hereby agree to submit to such tests, including follow up rehabilitation testing and the required post accident testing (post accident testing is required within 24 hours following any work related injury). I further consent to the results of any such drug or alcohol tests being released to authorized representatives of Matrix and Client by the Medical Review Officer (MRO). I understand that I am legally authorized to receive a copy of this consent form if requested. The results will not be released to any additional parties without my written authorization, except that Matrix and Client, their agents, and the testing laboratory will have access to the test results and may disclose such results to their agents and/or attorneys in connection with workers’ compensation proceedings, and may use the test results when relevant to their defense in other civil or administrative matters. I hereby release any testing facility personnel and/or any physicians who have tested me from any liability arising from a release or use of any test results, written reports, medical records, and data concerning my tests to the appropriate Matrix and Client officials. I further release all Matrix and Client officials from liability arising from the release or use of the test results. I understand that the drug free workplace policy and related documents are not intended to constitute a contract between Matrix and/or Client and me. I have read, or had read to me, a copy of the drug free workplace policy and I understand the consequences of violating the policy, which may include the termination of my employment. If I did not understand the policy, I asked for and received an explanation. I acknowledge receipt of a copy of the drug free workplace policy contained within the Employee Handbook that I have received.

**SECTION 5: RECEIPT OF EMPLOYEE HANDBOOK; MISCELLANEOUS PROVISIONS**

I acknowledge (i) having received, read, and understood the Matrix employee handbook; (ii) that the handbook does not establish a contractual relationship with Matrix; and (iii) that the handbook may be changed at any time is not a guarantee of future or present employment policies. I further understand that neither the handbook nor any verbal or written statement by any officer or employee of Matrix or Client constitutes an employment contract. I understand that additional copies of the employee handbook are available by calling Matrix at (866) 453-2722 or online at [www.matrixonesource.com](http://www.matrixonesource.com). I understand that any misrepresentation, omission of fact, or incomplete information discovered after my employment has begun may be grounds for disciplinary action, up to and including termination of employment. I understand that I am an “at-will” employee and that either Matrix or I can terminate my employment at any time, and that no person, including Client, has the authority to enter into any agreement to the contrary. I understand and agree that, if applicable, Matrix may allocate tips when necessary based on “hours worked.” Tip allocation becomes necessary when total reported tips for the worksite employer store are less than 8% of store sales. I understand that, if I am a tipped employee, Matrix is taking a tip credit on my hourly rate of pay as permitted by law.

**I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF THE TERMS AND CONDITIONS ON THIS PAGE**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name of Employee

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Date

# Employee's Withholding Certificate

**2020**

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial	Last name	<b>(b) Social security number</b>
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):  Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____  Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____  Add the amounts above and enter the total here . . . . . <b>3</b> \$ _____		
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶		▶ _____ ▶
	<b>Employee's signature</b> (This form is not valid unless you sign it.)		<b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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