

ShaLaw Staffing, Inc
Indianapolis, IN 46254
Phone: 317-820-8838
Email: Relations@ShaLawStaffing.co

BENEFIT WAIVER FOR ASSIGNED EMPLOYEE

Agreement And Waiver

In consideration of my assignment to CLIENT by SHALAW STAFFING, INC, I agree that I am solely an employee of SHALAW STAFFING, INC for benefits plan purposes and that I am eligible only for such benefits as SHALAW STAFFING, INC may offer to me as its employee. I further understand and agree that I am not eligible for or entitled to participate in or make any claim upon any benefit plan, policy, or practice offered by CLIENT, its parents, affiliates, subsidiaries, or successors to any of their direct employees, regardless of the length of my assignment to CLIENT by SHALAW STAFFING, INC and regardless of whether I am held to be a common-law employee of CLIENT for any purpose; and therefore, with full knowledge and understanding, I hereby expressly waive any claim or right that I may have, now or in the future, to such benefits and agree not to make any claim for such benefits.

Agree to Contract Acknowledgement

You have previously reviewed and agreed to the Terms and Conditions. You have reviewed and agreed with the terms of the Contract. By checking the "I Accept And Sign" box and typing your name on the Signature line below, you are signing this Contract electronically. You agree that your typed signature is the legal equivalent of your physical signature on this Contract. By checking the "I Accept And Sign" box and typing your name on the Signature line you consent that you are authorized to act on behalf of the counterparty to the Contract and you consent, on behalf of the counterparty, to be legally bound by the Contract and all its terms and conditions.

Staffing Firm:

ShaLaw Staffing, Inc

I Accept And Sign

Signature: Shanetta Herbert

Printed Name: Shanetta Herbert

Title: CEO

Email: Relations@ShaLawStaffing.co

Employee:

Name of Employee: _____

I Accept And Sign

Signature: _____

Title: _____

Date: _____