

# TEMPORARY FILL-INS south

## DENTAL STAFFING AT ITS BEST

### TEMPORARY FILL-INS SOUTH2 EMPLOYMENT CONTRACT

Welcome to Temporary Fill-Ins South 2! We're excited to have you join our team. For over a decade we've been working with the dental community here in Colorado, providing quality temporary assistance. We've earned a great reputation and look forward to your contribution.

As an employee of Temporary Fill-Ins South 2, we require you to fill out the following employee contract. Please read through the contract completely, filling in your name where required and signing and dating it at the bottom. After signing the document, please deliver or fax it to Temporary Fill-Ins South 2.

I, \_\_\_\_\_, in consideration of my employment with Temporary Fill-Ins South 2 (hereafter referred to as TFIS2) agree to the following:

I understand that my employment with TFIS2 is an "at-will" agreement. As such, I understand that my employment with TFIS2 will have no specified term or length and that either TFIS2 or I can terminate my employment at any time for any reason, with or without cause or notice. I agree that I have not relied and will not rely on any oral or written statements to the contrary.

I understand that I may not solicit additional work by phone or any other means from offices which TFIS2 has sent me to for a period of twelve months from the last date I worked in said office. I understand that if I quit or I am terminated, I am still under contract with offices TFIS2 has referred, for the 12 month period.

I understand that the pay period for TFIS2 ends the fifteenth (15<sup>th</sup>) and the last day of every month. I also understand that it is my responsibility to fax in my hours either daily or weekly. I understand that failure to do so by 6:00 p.m. on the 15<sup>th</sup> or the end of the month will result in being paid on the next pay period.

I understand that TFIS2 is responsible for withholding Federal and State taxes, FICA, Social Security, unemployment, liability, and all other fees or taxes that may apply.

I understand that my wages are confidential, and not to be discussed with anyone.

I have read, understood, and agree to abide by the employee handbook.

I understand that any assignments I receive are not guaranteed, nor are they a guarantee of hours.

I understand that it is my responsibility to notify TFIS2 of my availability (the days I can work) after each of my assignments/placements is completed. This holds you responsible for your termination if you do not notify the agency of your availability.

In the event of an emergency, or if I cannot fulfill an assignment, I agree to provide TFIS2 at least 24 hours notice. I understand that TFIS2 will contact me about changes or additions to any assignment.

I agree to accept temporary employment only through TFIS2 for any office or affiliate that TFIS2 refers me to. This also applies to TFIS2 affiliates Temporary Fill-Ins, Temporary Fill-Ins Metro, and Temporary Fill-Ins North.

I agree to inform any office that in the event they wish me to work additional days or hours they must contact TFIS2. If any office requests my telephone number, I agree to refer them to TFIS2 at 719-623-7875 or 303-255-3605. I have been informed, and I understand, that in the event a doctor to whom I have been referred to by TFIS2 should offer a permanent or temporary position, I am obligated to notify TFIS2. I understand that TFIS2 will assist in any contract negotiations with potential employers.

I understand that any office to which I have been referred to by TFIS2 that wishes to hire me for a temporary or permanent position will be responsible for paying TFIS2 the current placement fee.

I understand that if, for any reason, the doctor's office chooses not to pay the placement fee and I choose to accept employment with them, I am fully responsible to TFIS2 to for the placement fee.

I understand that I am responsible for maintaining and renewing my professional licenses and malpractice insurance as necessary to continue employment with TFIS2.

I understand that as a representative of TFIS2 I agree to perform to the best of my abilities and represent TFIS2 in a professional manner.

By checking the box the affiliate has given permission to use affiliates photograph on Temporary Fill-Ins South website for promotional reasons.

\_\_\_\_\_ TFIS2 and I have reviewed the Temporary Fill-Ins Payroll Agency Handbook, I understand the obligations and have received a copy of the Handbook.

In signing below, I agree to and understand the conditions listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Temporary Fill-Ins South 2 Representative: \_\_\_\_\_

Date: \_\_\_\_\_

\*Temporary Fill-Ins South 2 (TFIS2) is the same entity as Temporary Fill-Ins North 2 (TFIN2), and all payroll is through Temporary Fill-Ins North 2 (TFIN2).