Hire Quest, LLC d/b/a Trojan Labor

Sign Out Log

BRANCH: _____ **DATE: _____**

- I HEREBY ACKNOWLEDGE that I may accept transportation from a co-employee or independent contractor in order to report to my assigned work site. If I did not accept such transportation, I would be unable to report to the job site assigned, or I would have to use public transportation, if available, or find my own way to the job site. I further acknowledge that my share of the cost of transportation per round trip has been posted, and I agree this amount is reasonable. Hire Quest, LLC, does not set this fee and will not receive any part of the posted cost of transportation. I acknowledge that the cost of transportation reimbursement amount will be credited in full to the transportation provider. For each day that I accept as described herein, I agree that Hire Quest, LLC, shall deduct from my paycheck the posted cost of transportation and credit this amount to the paycheck of the provider. I acknowledge and agree that this deduction of the transportation reimbursement from my paycheck by Hire Quest, LLC, is reasonable and is an accommodation to me.
- I ACKNOWLEDGE AND AGREE that I have a choice to accept the transportation from a provider and pay to him/her as explained herein the posted cost of transportation, or provide my own transportation. With full knowledge that I have such a choice, I have elected to accept transportation from a provider and to reimburse him/her the cost of transportation as described herein. As a result of this election, I WAIVE any right to bring any action against Hire Quest, LLC, under State or Federal law relating to the cost of transportation to a job site.
- I CERTIFY that I have not had a work-related injury today, and I have not witnessed any injury of a co-worker today. I KNOW that I must report any work-related injuries, no matter how small to Hire Quest, LLC, immediately. I KNOW that the company time of opening is 5:30 a.m. and that it is a condition of employment that I make it known to the Company that I am available for a work assignment. I specifically acknowledge that my failure to make my availability known to the Company in order to secure a new work assignment by 6:00 a.m. the following day may forfeit my rights to unemployment compensation benefits. Work assignments are subject to change based on customer need and the number of hours may increase or decrease.
- **I have confirmed that my Social Security ID is correct and verified my wages and deductions to be funded to my payroll account.**

SIGNATURE	SIGNATURE