



**SOUTHSIDE TEMPORARIES**

6504 MANCHESTER AVENUE  
 ST. LOUIS, MO 63139  
 314-353-4060  
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*Missouri Revised Statutes*

**Chapter 288  
 Employment Security  
 Section 288.051**

August 28, 2013

**Temporary employees, defined, deemed to have voluntarily quit employment, when.**

288.051. 1. For the purposes of this section, "temporary help firm" means a firm that hires its own employees and assigns them to clients to support or supplement the client's workforce in work situations such as employee absences, temporary skill shortages, seasonal workloads, and special assignments and projects. "Temporary employee" means an employee assigned to work for the clients of a temporary help firm.

2. A temporary employee of a temporary help firm will be deemed to have voluntarily quit employment if the employee does not contact the temporary help firm for reassignment prior to filing for benefits. Failure to contact the temporary help firm will not be deemed a voluntary quit unless the claimant has been advised of the obligation to contact the firm upon completion of assignments and that unemployment benefits may be denied for failure to do so.

(L. 2004 S.B. 966 288.401)

I have read and fully understand the above statute.

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Southside Temporaries Representative

*Revised 1/1/14*

INDUSTRIAL STAFFING, OFFICE AND PAYROLL SERVICES



**EMPLOYEE RECORD**

EMPLOYEE NUMBER

NAME LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	APPLICATION DATE
ADDRESS STREET	CITY	STATE	ZIP	PHONE HOME CELL
WHOM SHOULD WE NOTIFY IN CASE OF EMERGENCY?	NAME	PHONE		
MAJOR COURSE OF STUDY	DATES ATTENDED	DEGREE REC'D	HOW DID YOU HEAR OF US?	
EDUCATION CIRCLE HIGHEST COMPLETED	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	NAME OF SCHOOL	CITY, STATE	
CIRCLE DAYS AVAILABLE FOR ASSIGNMENT	M T W TH F SA SU	HOURS AVAILABLE	WHICH TYPE OF TRANSPORTATION DO YOU USE?	<input type="checkbox"/> CAR AVAIL-ABLE <input type="checkbox"/> PUBLIC TRANS-PORTATION

**WORK HISTORY - LIST CURRENT OR MOST RECENT**

<input type="checkbox"/> NO <input type="checkbox"/> YES	EMPLOYER	CITY, STATE	PHONE		
	JOB TITLE	SUPERVISOR'S NAME			
<input type="checkbox"/> NO <input type="checkbox"/> YES	START DATE	PAY RATE	END DATE	PAY RATE	REASON FOR LEAVING
	EMPLOYER	CITY, STATE	PHONE		
<input type="checkbox"/> NO <input type="checkbox"/> YES	JOB TITLE	SUPERVISOR'S NAME			
	START DATE	PAY RATE	END DATE	PAY RATE	REASON FOR LEAVING
<input type="checkbox"/> NO <input type="checkbox"/> YES	EMPLOYER	CITY, STATE	PHONE		
	JOB TITLE	SUPERVISOR'S NAME			
<input type="checkbox"/> NO <input type="checkbox"/> YES	START DATE	PAY RATE	END DATE	PAY RATE	REASON FOR LEAVING

**CHECK SKILLS AND LENGTH OF EXPERIENCE (MONTHS - YEARS)**

SKILL	YRS.	SKILL	YRS.	SKILL	YRS.	SKILL	YRS.	ADDITIONAL SKILLS	YRS.
ASSEMBLY LINE		CNC/NC MACHINIST (Requiring set-up exp.)		CARPENTER		MECHANIC		CLERICAL EXPERIENCE	
BINDERY		MACHINE OPERATOR (does not require set-up exp.)		PAINTER		DRIVER HELPER			
FORKLIFT (Specify type)		MACHINIST (Requires set-up exp.)		WELDER - MIG / TIG		ELECTRONIC ASSEMBLER			
INSPECTION		MILLWRIGHT		FOREMAN/ SUPERVISOR		POWER HAND TOOLS			
INVENTORY		OFFSET PRESS OPERATOR		JANITORIAL		SEMI-CONDUCTOR ASSEMBLER			
MATERIAL HANDLING		PATTERN MAKER		SHIP & REC / UPS		SOLDERING/ WIRING			
STOCK CLERK		SHEET METAL FABRICATOR		CALIPERS & MICROMETERS		COLLATING			
STOCK PICKING/PACKING		TOOL AND DIE MAKER		READ BLUEPRINTS		SILK SCREENING			

I HEREBY DECLARE THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT AND UNDERSTAND THAT FALSE OR INACCURATE INFORMATION IN THE APPLICATION WILL BE THE BASIS FOR TERMINATION. I HEREBY AUTHORIZE THIS COMPANY TO INVESTIGATE MY BACKGROUND INCLUSIVE OF CRIMINAL RECORDS AND VERIFY THIS INFORMATION. I UNDERSTAND THAT IF EMPLOYED, MY EMPLOYMENT WILL NOT BE FOR ANY FIXED PERIOD OF TIME AND MAY BE TERMINATED BY THE COMPANY AT ANY TIME. I ALSO AUTHORIZE THIS COMPANY TO RELEASE THE INFORMATION CONTAINED HEREIN AND ITS FINDINGS AND WORK HISTORY OF MY EMPLOYMENT TO OTHER FIRMS OR PERSON UPON REQUEST. I ALSO UNDERSTAND AND AGREE THAT I MAY BE EXPECTED TO WORK ON A WIDE VARIETY OF JOB ASSIGNMENTS IN THE GREATER METROPOLITAN AREA AND AGREE TO ACCEPT ASSIGNMENTS FOR WHICH I AM QUALIFIED AS THEY BECOME AVAILABLE. I ALSO UNDERSTAND MY FAILURE TO REPORT TO SOUTHSIDE TEMPORARIES OR TO THE JOB ASSIGNMENT I HAVE ACCEPTED WILL INDICATE I HAVE QUIT. I ALSO AGREE TO SUBMIT TO DRUG SCREEN UPON REQUEST OR AS SPECIFIED IN SOUTHSIDE TEMPORARIES SUBSTANCE ABUSE POLICY.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT



**GENERAL SAFETY RULES**

SOUTHSIDE TEMPORARIES HAS DEVELOPED THESE SAFETY RULES PATTERNED AFTER THE FEDERAL OSHA REQUIREMENTS. READ AND BECOME FAMILIAR WITH THESE RULES, AND ALL OTHER SAFETY RULES THAT APPLY TO YOUR JOB.

1. REPORT ALL INJURIES, NO MATTER HOW SEVERE, TO SOUTHSIDE TEMPORARIES AND TO YOUR ON SITE SUPERVISOR IMMEDIATELY.
2. REPORT ANY OBSERVED UNSAFE CONDITION TO SOUTHSIDE TEMPORARIES AND TO YOUR ON SITE SUPERVISOR.
3. HORSEPLAY IS PROHIBITED AT ALL TIMES.
4. THE DRINKING OF ALCOHOLIC BEVERAGES IS NOT PERMITTED ON THE JOB. ANY EMPLOYEE DISCOVERED UNDER THE INFLUENCE OF ALCOHOL OR DRUGS WILL NOT BE PERMITTED TO WORK.
5. IF YOU DO NOT HAVE CURRENT FIRST AID TRAINING, DO NOT MOVE OR TREAT AN INJURED PERSON UNLESS THERE IS AN IMMEDIATE PERIL, SUCH AS PROFUSE BLEEDING OR STOPPAGE OF BREATHING.
6. APPROPRIATE CLOTHING AND FOOTWEAR (I.E. WORKBOOTS/STEELTOED BOOTS WHEN REQUIRED) MUST BE WORN ON THE JOB AT ALL TIMES.
7. WHERE THERE EXISTS THE HAZARD OF FALLING OBJECTS, AN APPROVED HARD HAT MUST BE WORN.
8. YOU SHOULD NOT PERFORM ANY TASKS UNLESS YOU ARE TRAINED TO DO SO AND ARE AWARE OF THE HAZARDS ASSOCIATED WITH THAT TASK.
9. YOU MAY BE ASSIGNED CERTAIN PERSONAL PROTECTIVE SAFETY EQUIPMENT. THIS EQUIPMENT SHOULD BE AVAILABLE FOR USE ON THE JOB, BE MAINTAINED IN GOOD CONDITION AND WORN WHEN REQUIRED.
10. LEARN SAFE WORK PRACTICES. WHEN IN DOUBT ABOUT PERFORMING A TASK SAFELY, CONTACT YOUR SUPERVISOR FOR INSTRUCTION AND TRAINING.
11. THE RIDING OF A HOIST HOOK, OR ON OTHER EQUIPMENT NOT DESIGNED FOR SUCH PURPOSES IS PROHIBITED AT ALL TIMES.
12. **NEVER REMOVE OR BY-PASS ANY SAFETY DEVICES.**
13. DO NOT APPROACH OPERATING MACHINERY FROM THE BLIND SIDE; LET THE OPERATOR SEE YOU.
14. LEARN WHERE FIRE EXTINGUISHER AND FIRST AID KITS ARE LOCATED.
15. MAINTAIN A GENERAL CONDITION OF GOOD HOUSEKEEPING IN ALL WORK AREAS AT ALL TIMES.
16. BE ALERT TO HAZARDS THAT COULD AFFECT YOU AND YOUR FELLOW EMPLOYEES.
17. OBEY SAFETY SIGNS AND TAGS.
18. ALWAYS PERFORM YOUR ASSIGNED TASK IN A SAFE AND PROPER MANNER; DO NOT TAKE SHORTCUTS. THE TAKING OF SHORTCUTS AND THE IGNORING OF ESTABLISHED SAFETY RULES IS A LEADING CAUSE OF EMPLOYEE INJURY.

I CERTIFY THAT I HAVE READ AND UNDERSTAND AND WILL ABIDE BY THE ABOVE SAFETY RULES. FAILURE TO DO SO MAY BE GROUNDS FOR TERMINATION.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**EMPLOYEE AGREEMENT**

I \_\_\_\_\_ fully understand that **Southside** will **NOT** tolerate any employees walking off assignments, excessive absenteeism from any assignments or consistently being late to any assignments.

I \_\_\_\_\_ understand that if I do not call in every day between 7am-9am informing **Southside** that I am available and ready for work I will not be on the active list. I understand if any of my personal information (phone...address ...etc.) has been changed and Southside has not been notified I will be removed from the active availability list and not be contacted for assignments.

I \_\_\_\_\_ understand that if I am unable to go to an assignment that I have accepted, or have been working on: due to sickness, car problems, etc., I must contact **Southside** by **9am**. If I do not contact **Southside** by **9am** I understand that I am voluntarily resigning from **Southside**.

Harrassment based on race, sex, sexual orientation, religion, national origin, age, and/or disability is strictly prohibited and will not be tolerated. This policy includes harrassment or improper conduct at work by co-workers or in any setting relating to **Southside** employment, such as a customer's workplace. Please contact **Southside** if you have any concerns or complaints of any harrassment issues.

I \_\_\_\_\_ on (date) \_\_\_\_\_ have read and completely understand this entire page.



**POLICIES AND PROVISIONS OF SOUTHSIDE TEMPORARIES**

TITLE VII OF THE CIVIL RIGHTS ACT OF 1964, AS AMENDED, PROHIBITS DISCRIMINATION IN HIRING, PROMOTION, DISCHARGE, PAY, FRINGE BENEFITS, JOB TRAINING, CLASSIFICATION, REFERRAL, AND OTHER ASPECTS OF EMPLOYMENT, ON THE BASIS OF RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN.

THE AMERICANS WITH DISABILITIES ACT OF 1990, AS AMENDED, PROTECTS QUALIFIED APPLICANTS AND EMPLOYEES WITH DISABILITIES FROM DISCRIMINATION IN HIRING, PROMOTION, DISCHARGE, PAY, JOB TRAINING, FRINGE BENEFITS, CLASSIFICATION, REFERRAL, AND OTHER ASPECTS OF EMPLOYMENT ON THE BASIS OF DISABILITY. THE LAW ALSO REQUIRES THAT COVERED ENTITIES PROVIDE QUALIFIED ACCOMMODATIONS THAT DO NOT IMPOSE UNDUE HARDSHIP.

THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967, AS AMENDED, PROTECTS APPLICANTS AND EMPLOYEES OF 40 YEARS OF AGE OR OLDER FROM DISCRIMINATION ON THE BASIS OF AGE IN HIRING, PROMOTION, DISCHARGE, COMPENSATION, TERMS, CONDITIONS OR PRIVILEGES OF EMPLOYMENT.

IN ADDITION TO SEX DISCRIMINATION PROHIBITED BY TITLE VII OF THE CIVIL RIGHTS ACT (SEE ABOVE), THE EQUAL PAY ACT OF 1963, AS AMENDED, PROHIBITS SEX DISCRIMINATION IN PAYMENT OF WAGES TO WOMEN AND MEN PERFORMING SUBSTANTIALLY EQUAL WORK IN THE SAME ESTABLISHMENT.

RETALIATION AGAINST A PERSON WHO FILES A CHARGE OF DISCRIMINATION, PARTICIPATES IN AN INVESTIGATION, OR OPPOSES AN UNLAWFUL EMPLOYMENT PRACTICE IS PROHIBITED BY ALL OF THESE FEDERAL LAWS.

HARASSMENT BASED ON RACE, SEX, SEXUAL ORIENTATION, RELIGION, NATIONAL ORIGIN, AGE, AND/OR DISABILITY IS STRICTLY PROHIBITED AND WILL NOT BE TOLERATED. THIS POLICY INCLUDES HARASSMENT OR IMPROPER CONDUCT AT WORK BY CO-WORKERS OR IN ANY SETTING RELATING TO **SOUTHSIDE TEMPORARIES** EMPLOYMENT, SUCH AS A CUSTOMER'S WORKPLACE.

ALL HARASSING OR IMPROPER CONDUCT IS STRICTLY PROHIBITED INCLUDING, BUT NOT LIMITED TO, SEXUAL ADVANCES, TOUCHING, STARING AT OR COMMENTS ABOUT ANOTHER'S PHYSICAL APPEARANCE, REQUESTS FOR SEXUAL FAVORS OR REPEATED REQUESTS FOR DATES, SEXUAL INNUENDOES, OBSCENE COMMENTS OR JOKES, AND OTHER VERBAL OR PHYSICAL CONDUCT OF A SEXUAL NATURE.

ALSO PROHIBITED ARE DISPARAGING REMARKS, EPITHETS, CARTOONS, GRAFFITI OR OTHER OFFENSIVE CONDUCT BASED ON AN INDIVIDUAL'S RACE, SEXUAL ORIENTATION, RELIGION, NATIONAL ORIGIN, AGE AND/OR DISABILITY.

PLEASE CONTACT SOUTHSIDE TEMPORARIES IF YOU HAVE ANY CONCERNS OR COMPLAINTS OF ANY HARASSMENT ISSUES.  
**REFUSAL OF DRUG TEST ON THE DATE OF INJURY COULD RESULT IN TERMINATION FROM SOUTHSIDE TEMPORARIES.**

- \_\_\_ 11. YOU WILL BE ADVISED OF THE PAYDAY FOR YOUR INDIVIDUAL ASSIGNMENT AT THE TIME OF PLACEMENT. CHECKS ARE AVAILABLE FOR PICK-UP **AFTER** 10:00 A.M. ON YOUR ASSIGNED PAYDAY.
- \_\_\_ 12. TRANSPORTATION IS YOUR RESPONSIBILITY. SOUTHSIDE TEMPORARIES, AT OUR DISCRETION, MAY PROVIDE AN ADVANCE OF NO MORE THAN \$40.00 A WEEK FOR THE PURPOSE OF TRANSPORTATION.
- \_\_\_ 13. TO ASSIST US IN LOCATING AN ASSIGNMENT FOR YOU, IT IS MANDATORY THAT YOU CALL THE OFFICE ON A DAILY BASIS BETWEEN 7AM-9AM TO MAKE YOURSELF AVAILABLE FOR A POSITION. IF WE DO NOT HAVE A CURRENT PHONE NUMBER FOR YOU WE WILL BE UNABLE TO CONTACT YOU FOR AN ASSIGNMENT OR NOTIFY YOU OF ANY CHANGES IN YOUR CURRENT ASSIGNMENT.
- \_\_\_ 14. I UNDERSTAND THAT MY INITIAL EMPLOYMENT WILL BE BASED UPON THE 28 DAY PROBATIONARY PERIOD FOLLOWING MY FIRST DAY OF WORK FOR SOUTHSIDE TEMPORARIES. DURING THIS TIME, MY EMPLOYMENT STATUS WILL BE DETERMINED BY REVIEWS OF PERFORMANCE BY SOUTHSIDE TEMPORARIES MANAGEMENT. DURING THIS PROBATIONARY PERIOD, ANY VIOLATION OF SOUTHSIDE TEMPORARIES' POLICIES AND PROCEDURES COULD RESULT IN MY TERMINATION.
- \_\_\_ 15. I UNDERSTAND THAT ANY VIOLATION OF SOUTHSIDE TEMPORARIES' POLICIES AND PROCEDURES COULD RESULT IN AN EMPLOYEE CONSULTATION (INCLUDING A REVIEW OF SOUTHSIDE TEMPORARIES' POLICIES AND PROCEDURES) FROM SOUTHSIDE TEMPORARIES MANAGEMENT. I UNDERSTAND THAT IMMEDIATELY FOLLOWING ANY CONSULTATION, I WILL BE PUT ON PROBATION FOR AN INDEFINITE PERIOD OF TIME. DURING THIS PROBATIONARY PERIOD, ANY VIOLATION OF SOUTHSIDE TEMPORARIES' POLICIES AND PROCEDURES COULD RESULT IN MY TERMINATION.
- \_\_\_ 16. I UNDERSTAND THAT IF I ACCEPT A PERMANENT POSITION WITH A CLIENT OF SOUTHSIDE TEMPORARIES', I AM VOLUNTARILY RESIGNING FROM MY POSITION WITH SOUTHSIDE TEMPORARIES'.
- \_\_\_ 17. ALL SOUTHSIDE TEMPORARIES EMPLOYEES ARE PROHIBITED TO WORK MORE THAN 3 FEET OFF THE GROUND. (I.E. LADDERS AND STEP STOOLS)
- \_\_\_ 18. THEFT, FALSIFYING INFORMATION, FIGHTING AND DISORDERLY CONDUCT, UNEXCUSED OR EXCESSIVE ABSENTEEISM AND ABUSIVE LANGUAGE ARE ALL GROUNDS FOR IMMEDIATE TERMINATION.
- \_\_\_ 19. RECOMMENDED WORK ATTIRE: WORKBOOTS, BLUE JEANS AND LONG SLEEVED SHIRTS.
- \_\_\_ 20. ANY ATTEMPTS TO FILE FOR UNEMPLOYMENT BENEFITS WITHOUT FOLLOWING ALL OF SOUTHSIDE TEMPORARIES POLICIES AND PROCEDURES WILL RESULT IN THE CLAIM BEING PROTESTED.
- \_\_\_ 21. ANYONE FOUND FILING A FALSE WORKMANS COMPENSATION CLAIM WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.
- \_\_\_ 22. I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS REGARDING SOUTHSIDE TEMPORARIES POLICIES AND PROCEDURES AND AGREE TO THE SAME. I UNDERSTAND THAT FAILURE TO COMPLY WITH THESE PROCEDURES COULD LEAD TO MY TERMINATION.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
 APPLICANT

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 INTERVIEWER

6

\_\_\_\_\_  
 DATE

(Rev. 1-12)



## Southside Temporaries **SUBSTANCE ABUSE POLICY**

It is the intent of Southside Temporaries to provide a drug-free environment for our clients and employees. With this goal and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of Southside Temporaries.

Southside Temporaries explicitly prohibits the use, possession, being under the influence of, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on company or customer premises or while performing an assignment.

Any employee under the influence of legal or illegal drugs or alcohol off company or customer premises that adversely affects the employee's work performance, his or her own or other's safety at the workplace, or the employer's reputation may be terminated from employment.

Southside Temporaries may require applicants and/or employees to undergo drug testing under the following circumstances:

**Pre-Employment:** As may be required by client.

**Reasonable Suspicion:** Employees may be subject to a drug and alcohol test based on a reasonable belief that the employee is using or has recently abused alcohol or drugs. The employee's conduct, including but not limited to the following, may form the basis for reasonable suspicion testing; evidence of drugs or drug paraphernalia, fighting or belligerent behavior, negative performance patterns, excessive or suspiciously patterned absences or tardiness, and/or physical symptoms including but not limited to red or glassy eyes, odor of marijuana, dilated pupils, etc.

**Post-Accident:** Employees may be subject to a drug and alcohol test based on their involvement in, or cause of, a reportable accident or incident which causes or could have caused personal injury or the damage of equipment or property.

Employees of Southside Temporaries who refuse to submit to drug testing, test positive, tamper with procedures and/or protocols, or admit to substance abuse will be subject to termination of employment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ SS# \_\_\_\_\_



## **POLICIES AND PROCEDURES CHECKLIST**

(Initial)

- \_\_\_ 1. I AM TELEPHONE ACCESSIBLE AND I HAVE RELIABLE TRANSPORTATION.
- \_\_\_ 2. I UNDERSTAND THAT I AM EXPECTED TO COMPLETE ANY JOB ASSIGNMENT I ACCEPT. IF I DO NOT COMPLETE AND/OR WALK OFF THE ASSIGNMENT THEN SOUTHSIDE TEMPORARIES CAN ASSUME I HAVE VOLUNTARILY QUIT. I MAY ALSO ASSUME THAT I WILL BE PAID MINIMUM WAGE FOR THE TIME I WORKED.
- \_\_\_ 3. I UNDERSTAND THAT I AM AN EMPLOYEE OF SOUTHSIDE TEMPORARIES AND ONLY I OR SOUTHSIDE TEMPORARIES CAN TERMINATE MY EMPLOYMENT. SECTION 288.050.1 OF MISSOURI EMPLOYMENT SECURITY LAW REQUIRES THE EMPLOYEE OF A TEMPORARY HELP FIRM TO CONTACT THE COMPANY FOR REASSIGNMENT BEFORE FILING FOR UNEMPLOYMENT BENEFITS. WHEN AN ASSIGNMENT ENDS I MUST REPORT TO SOUTHSIDE TEMPORARIES OFFICE FOR MY NEXT JOB ASSIGNMENT. FAILURE TO DO SO OR TO ACCEPT MY NEXT JOB ASSIGNMENT WILL INDICATE THAT I HAVE VOLUNTARILY QUIT AND WILL NOT BE ELIGIBLE FOR UNEMPLOYMENT BENEFITS.
- \_\_\_ 4. ALL EMPLOYEES ARE REQUIRED TO NOTIFY SOUTHSIDE TEMPORARIES OF ANY CHANGE IN PHONE NUMBER AND/OR ADDRESS IMMEDIATELY. FAILURE TO DO SO WILL BE AN INDICATION THAT I HAVE QUIT.
- \_\_\_ 5. SOUTHSIDE TEMPORARIES HAS A VERY STRICT "**NO DRUG POLICY**", AND I HAVE SIGNED A CONSENT FORM TO SUBMIT TO DRUG TESTING. I UNDERSTAND THAT MY FAILURE TO COMPLY WITH THIS AGREEMENT, IN ACCORDANCE WITH OUR SUBSTANCE ABUSE POLICY, WILL BE GROUNDS FOR IMMEDIATE TERMINATION.
- \_\_\_ 6. ONCE I HAVE ACCEPTED A JOB, I MUST REPORT TO SOUTHSIDE TEMPORARIES TO PICK UP A TIME SHEET. UNLESS SPECIAL ARRANGEMENTS HAVE BEEN MADE, I UNDERSTAND SOUTHSIDE TEMPORARIES WILL NOT RECOGNIZE OR PAY FOR ANY HOURS WORKED BY AN EMPLOYEE IN THE ABSENCE OF AN INDIVIDUAL TIME TICKET SIGNED BY BOTH THE CLIENT AND THE EMPLOYEE.
- \_\_\_ 7. IF FOR SOME UNEXPECTED REASON, (I.E. EMERGENCY OR ILLNESS) I CANNOT MAKE IT TO WORK, I WILL CALL AT LEAST 2 HOURS IN ADVANCE OF MY START TIME. SHOULD I RUN LATE I WILL CONTACT SOUTHSIDE TEMPORARIES AS SOON AS POSSIBLE. SOUTHSIDE TEMPORARIES PHONES ARE ANSWERED 7 DAYS A WEEK, 24 HOURS A DAY. THESE PROCEDURES MUST BE FOLLOWED SO THAT WE CAN NOTIFY THE CLIENT AND/OR FIND A REPLACEMENT. FAILURE TO DO SO MAY BE GROUNDS FOR DISMISSAL AND/OR INDICATE THAT I HAVE QUIT.
- \_\_\_ 8. AS AN EMPLOYEE OF SOUTHSIDE TEMPORARIES I UNDERSTAND THAT ANY ABSENCE FROM ASSIGNMENT SHALL BE CONSIDERED UNEXCUSED UNTIL I PROVIDE PROPER DOCUMENTATION EXCUSING THE ABSENCE. FURTHERMORE, I UNDERSTAND THAT ANY UNEXCUSED ABSENCE WILL INDICATE THAT I HAVE VOLUNTARILY RESIGNED FROM MY POSITION WITH SOUTHSIDE TEMPORARIES.
- \_\_\_ 9. IF I SUSTAIN AN INJURY ON THE JOB, I WILL INFORM MY SUPERVISOR AND SOUTHSIDE TEMPORARIES IMMEDIATELY. SOUTHSIDE TEMPORARIES WILL COORDINATE WITH THE CLIENT AND MYSELF THE PROPER PROCEDURE FOR TREATMENT.
- \_\_\_ 10. I UNDERSTAND AND WILL COMPLY WITH SOUTHSIDE TEMPORARIES SAFETY RULES AND REGULATIONS AND HAZARDOUS COMMUNICATION PROGRAM EXPLAINED TO ME IN SOUTHSIDE TEMPORARIES ORIENTATION.