

**Agreement and waiver**

In consideration of my assignment to the Client by Staffing Agency , I agree that I am solely an employee of STAFFING AGENCY.

I further understand agree that I am not eligible for, nor entitled to participate in or make any claim upon any benefit plan , policy, or practice offered by Client, its parents, affiliates, subsidiaries or successor to any of their direct employees, regardless of the length of my assignment to CLIENT by STAFFING AGENCY and regardless of whether I am help 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

Employee signature

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Employees printed name

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Date

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Witness' Signature

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Witness printed name

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Date

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**Assigned Employee Confidentiality Agreement**

As a condition of any assignment to CLIENT by STAFFING AGENCY , i hereby agree as follows:

I will not use, disclose , or in any way reveal or disseminate to unauthorized parties any information I gain through contact with materials or documents that are made available through my assignment at CLIENT or its operating methods and procedures that come to my attention as a result of this assignment .

I will not disclose or in any way reveal or disseminate any information pertaining to CLIENT or its operating methods and procedures that come to my attention as result of this assignment.

Under no circumstances will I remove physical or electronic documents or copies of documents from the premises of CLIENT.

I understand that I will be responsible for any direct or consequential damages resulting from any violation of this Agreement.

The obligations of this Agreement will survive my employment by STAFFING AGENCY.

Employee signature

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Employees printed name

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Date

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Witness' Signature

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Witness printed name

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Date

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