



Payroll Receipt 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 that 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 6:00 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 amount of hours may increase or decrease.

NAME	NAME
1	16
2	17
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15	30

NEVER GET ON ROOFS OR LADDERS – PLEASE BE SAFE AT ALL TIMES