

ATTACHMENT E
EMPLOYMENT ACKNOWLEDGEMENT FORM

I acknowledge that I am a W-2 employee of (Staffing Supplier) **Talent Logic, Inc.** I shall remain an employee of (Staffing Supplier) **Talent Logic, Inc.** during the entire period of this assignment. I am not an employee of WorkforceLogic or its Client. (Staffing Supplier) **Talent Logic, Inc.** shall be responsible for payment of all wages and compensation, all benefits, including, but not limited to unemployment, social security and other payroll taxes, (hereafter Benefit Programs).

As an employee of (Staffing Supplier) **Talent Logic, Inc.**, I acknowledge that I am not entitled to participate in any of WorkforceLogic and/or its Client's Benefit Programs and do hereby expressly waive any and all claims to any rights to participate in such Benefit Programs.

Print Employee's Name

Employee's Signature - Date