

TEMPORARY EMPLOYEE

Start Date: _____	End Date-Estimated: _____
Name: _____	Home Phone: _____
St. Address: _____	Cell Phone: _____
City, State, Zip: _____	Work Phone: _____
Job Title: _____	Work Ext: _____
Social Security No.: _____	Helpful Info: _____

CLIENT COMPANY

Name: _____	Main Phone: _____
St. Address: _____	Main Fax: _____
City, State, Zip: _____	Supervisor Phone: _____
Supervisor Name: _____	Supervisor Ext: _____
Business Type _____	Supervisor Fax: _____
Invoice Attention Of: _____	Supervisor e-Mail _____

PERSONNEL CONSULTANT

PC with Client: _____	Main Phone: _____
PC Agency Name: _____	Alternate Phone: _____
PC with Appl: _____	Main Phone: _____
PC Agency Name: _____	Alternate Phone: _____

HOURLY RATES

Client Bill Rate _____	PC w/ Client Commission _____
Less Pay Rate _____	
Equal Gross Margin _____	PC w/ Appl. Commission _____
Less ICS Fee (15% of Bill Rate) _____	
Equals PC Commission _____	Equals Total PC Commission _____

PERSONNEL CONSULTANT CERTIFICATION

The TE referenced above will function in a temporary capacity for the above-named client until such time as termination of this assignment is provided ICS by the undersigned. The CC () has () has not authorized overtime compensation and invoicing of same.

Signature of Personnel Consultant _____

ICS USE ONLY

Date Instruction Package Sent _____	PC Contract Signed _____
Employment Policy Signed _____	Insurance Requested _____
I-9/ W-4 Completed/Signed _____	Start-Up Logged _____
Photocopy DL/SS Received _____	SWBT Advised _____
ICS No. _____	Entry Complete _____