



Co-Employment Agreement & Certification

Employee Name: _____

The parties acknowledge that the employee is presently employed by _____ (the Work-Site Employer), who has entered into a contract with Terra Firma to provide certain administrative services to or for them, which may include but are not limited to payroll, workers' compensation, human resources, and benefits.

In order to enable Terra Firma to provide services to the Work-Site Employer and its employees the parties expressly agree that the above named employee shall become an employee of Terra Firma, effective _____. You will receive your paycheck, workers' compensation coverage, (if covered under Terra Firma's master worker's compensation policy) human resource services, and (if elected by your Work-Site Employer) health benefits from Terra Firma.

I acknowledge that any employment is at will and may be terminated at will for any reason, at any time, at the option of myself or the Company. I further acknowledge that any offer of employment or my acceptance of an employment offer, if such should occur, may be withdrawn for any reason, at any time, at the option of myself or the Company. I understand the Company's only obligation, if I should be employed is to pay wages or salary due and owing at the time of termination.

I understand that neither this form, any attachments to it, any company policies including management policy manuals or employee handbooks nor any offer of employment from the Company constitutes an implied or express employment contract nor guarantee of employment for any definite period of time unless a specific document to that effect is executed between myself and the Company in writing. I further understand that only the President or Vice President of Terra Firma or their authorized agent has the authority to enter into a written employment contract for any specific: 1) time; 2) benefits; 3) pay; and/or 4) terms and conditions of employment.

I understand any company property in my possession must be returned and any indebtedness to the Company must be paid before my termination. I authorize the Company to deduct from my final paycheck(s) all monies due and owing to the Company for any indebtedness not paid at the time of termination.

I acknowledge that I have received information regarding Terra Firma's benefit and health plans. If I am eligible for enrollment in the health plan, I further acknowledge that I have been informed that I must submit either a completed health plan enrollment form or a waiver of coverage to Terra Firma no later than _____. My signature below is acknowledgement that my failure to submit the required documents to Terra Firma by the due date constitutes a waiver of health plan coverage. In the event that I fail to timely complete the enrollment form and enroll in the health plan, I acknowledge that I have voluntarily, knowingly, intentionally relinquished my right to obtain medical insurance through Terra Firma and fully understand the consequences of being uninsured. In such event, I hereby agree to indemnify Terra Firma and hold Terra Firma harmless for any and all medical expenses that I or my family may incur.

Finally, I understand that this is the complete and final agreement between the Company and myself and I also certify by my signature that I have read this certification and that I understand it. My signature also indicates my acceptance of the terms and conditions of the contract between the Work-Site Employer and Terra Firma.

ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge that my employer/employee relationship will be transferred on the date reflected above and I will be, as of that date, an employee of Terra Firma. In the event that the relationship between the Work-Site Employer and Terra Firma is terminated, my employment will be transferred back to the Work-Site Employer. I further accept and agree to the conditions set forth above.

Signed this _____ day of _____, 20 _____

Employee Signature _____

Print Name _____

Terra Firma Representative _____