



innovative national value outsourcing

Employee Information Form

Client Company Name: _____

Employees, please fill out all information requested below. Employers are responsible for all information on second page. Incomplete forms will not be accepted.

Employee Details			
Social Security Number	First Name (As appears on Social Security Card or Valid ID)	Last Name (As appears on Social Security Card or Valid ID)	
Middle Name	Nickname (If applicable)	Date of Birth	
Gender	Racial or Ethnic Group		
	White / Caucasian	Black / African American	American Indian / Alaskan
	Asian / Pacific Islander	Hispanic / Latino	Other
Marital Status			
Single	Married	Divorced	
Widowed	Civil Union	Other	
Employee Contact			
Resident Address Line 1		Resident Address Line 2	
City	State	County	Zip Code
Mailing Address Line 1 (If different from Resident)		Mailing Address Line 2	
City	State	County	Zip Code
Phone Number	Email Address		
INVO PEO Global Life Beneficiary Election: Please provide the name and social security number of the person you would like to designate for the AEG Global Life Benefit, (if applicable). Beneficiary Name: _____ SSN: _____			

-Second Page To Be Completed By Employers Only-

Employers, please ensure all information below is accurate before submitting.

Employee Name: _____

Employment Information			
Employee Original Hire Date	Primary Workers' Comp Code (Refer to Schedule A – Code Required)	Exempt Status Exempt Non-Exempt	
EEOC Class Code 1. Officials & Manager 2. Professional 3. Technician 4. Sales Worker 5. Administrative Support Worker 6. Craft Worker 7. Operative 8. Laborer / Helper 9. Service Workers 11. First/Mid Level Officials & Managers			
Employee Type Full-Time Part-Time On-Call Seasonal Temporary			Work State
Division	Department	Location	Job Title
Payroll Information			
Pay Rate (Annual if Salary)	Pay Method Salary Hourly Commission Other	Pay Group Weekly Bi-Weekly Monthly Semi-Monthly Yearly	
Voluntary Deductions by pay period [Example: Uniforms, Equipment, Background Check, Loans, Advances] :			
Deduction Name	Scheduled	Deduction Name	Scheduled
Amount	Recurring	Amount	Recurring
Deduction Name	Scheduled	Deduction Name	Scheduled
Amount	Recurring	Amount	Recurring
Benefits by pay period [Example: Medical, Dental, Vision, Supplemental Insurance] :			
Deduction Name	Amount	Deduction Name	Amount
Retirement Plans			
Plan Type: FSA HSA	Employee Annual Contribution Amount		
Notes (list any other information required for this employee)			

Payroll Payment Request

Please complete this form to notify INVO how to process your wages. Form must be submitted at least one business day prior to processing day.

Employee Name: _____ Employee SSN: _____

Direct Deposit

Employee Authorization and Acknowledgement of All Terms

- It takes at least one pay cycle for new direct deposits or changes to take effect.
- Should you change your banking branch, institution or account numbers, please notify your payroll department at least ten (10) days in advance so there is adequate time for change to take place.
- Errors or omissions on this form or any failure to notify INVO of changes in a timely manner may result in delay of your payroll funds being deposited. INVO will not reissue any unsuccessful direct deposit until the original transaction is returned to INVO by the originating bank. This process may take up to 5 days. INVO is not responsible for these delays and will not reimburse any fees the employee may incur as a result of outdated or inaccurate information provided by employee

I agree to these terms and authorize INVO to direct deposit my payroll check to the checking and/or savings account(s) listed below. In the event that funds are deposited into my account(s) in error, I authorize INVO to debit my account to correct the error.

Account Type (C)hecking (S)avings	ABA Routing Number (9 Digit Number)	Account Number	Bank Name	For multiple accounts, specify the percentage or dollar amount to be deposited in each
C or S				
C or S				
C or S				

Paycard

Paycard Number: _____

Deposit Amount: _____ or All

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle wage payments and wage payments upon discharge, by electronic transfer of wages to a paycard. In addition, to the extent permitted by applicable law, I hereby authorize INVO PEO to make all of my deposits and deposit adjustments, including those involving off cycle wage payments and wage payments upon discharge, to my paycard, and I authorize the bank where such funds are deposited to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, conditions, and fees associated with using such paycard. This authorization shall remain in effect until fourteen (14) days after INVO PEO receives written notice from me terminating my authorization.

Alternatively, if you would prefer to receive wages via check, please contact your supervisor.

Employee Signature _____ Date _____



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Employee Agreement

I, _____ (print your name), acknowledge that I have been hired as an at-will leased/ assigned employee of INVO PEO (hereafter referred to as "INVO") which is a Professional Employer Organization (PEO) and agree to the following:

I understand and agree that I am employed in a co-employment relationship where the duties and responsibilities that are applicable to me are set forth in the Client Service Agreement entered between the client for whom I am working and INVO. I understand that there is no contract of employment between myself and INVO and that INVO has no liability with regards to any employment agreement between me and the client for whom I am working. I understand that either INVO or I can terminate this co-employment relationship at any time as I am an at-will employee.

I understand that INVO's client at all times ultimately remains obligated to pay me my regular hourly rate of pay if I am a non-exempt employee and to pay me my full salary if I am an exempt employee, In the case that INVO does not receive payment from the client for whom I am working for and for service which I have performed. I understand and agree that INVO does not assume responsibility of payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick or other paid time off, or for any other payments where payment for such items has not been received by INVO from the client for whom I am working, however, INVO does assume this responsibility where such payment has been received from the client.

I recognize the fact that any work-related injuries which might be sustained by me are covered by the state workers' compensation statutes. To avoid the circumvention of such state statutes which may result from suits against the customers or clients of INVO or against INVO based upon the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of INVO for damages based upon injuries which are covered under such workers' compensation statutes. I also agree to comply with any and all drug testing policies which may be adopted and I specifically agree to post-accident drug testing in any situation where it is allowed by law.

I agree and understand that if at any time during my employment I am subjected to any type of discrimination, including discrimination because of race, sex, disability, color, age, national origin, ancestry, religion, veteran status, military status, union status, or in retaliation, or if I am subjected to any type of harassment, including sexual harassment, that I will immediately contact an appropriate person in the client company for whom I am working. I understand and agree that INVO does not have actual control over my workplace and as such is not in any position to end or remediate any discrimination, harassment or retaliation which may be occurring. The responsibility to end such inappropriate conduct will rest with the client company; however, INVO may attempt to facilitate a resolution. Should I choose to not contact the client company for any reason, I may contact INVO's human resources department at 1-866-986-0118 in order to obtain assistance in the resolution of such matters.

I understand and agree that as an assigned employee of INVO that I am expressly prohibited from performing any work outside the state in which I am currently performing services (the "home state") for the client during my status as an assigned employee except as allowed pursuant to the workers' compensation benefits through INVO or the applicable workers' compensation carrier.

I understand and agree that in the event I am terminated from the client for whom I am working, that I am required as part of my co-employment with INVO to notify an INVO representative within 48 hours of my termination.

Employee Signature

Date