

**Missouri Revised Statutes**

**Chapter 288  
Employment Security  
Section 288.051**

August 28, 2012

**Temporary employees, defined, deemed to have voluntarily quit employment, when:**

1. For the purposes of this section, "temporary help firm" means a firm that hires its own employees and assigns them to clients to support or supplement the client's workforce in work situations such as employee absences, temporary skill shortages, seasonal workloads, and special assignments and projects. "Temporary employee" means an employee assigned to work for the clients of a temporary help firm.

2. A temporary employee of a temporary help firm will be deemed to have voluntarily quit employment if the employee does not contact the temporary help firm for reassignment prior to filing for benefits. Failure to contact the temporary help firm will not be deemed a voluntary quit unless the claimant has been advised of the obligation to contact the firm upon completion of assignments and that unemployment benefits may be denied for failure to do so.

(L. 2004 S.B. 966 § 288.401)

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Date:

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Signature

## Receipt of Employee Handbook

We stress the need to read and understand all the components of this handbook. Before signing, if there are any areas you do not understand; please have your Staffing Manager explain them to you.

### Acknowledgment

By signing below, I acknowledge that I have read, understand and received a copy of this Employee Handbook. I also acknowledge that I am employed by Snelling Staffing Services. I also acknowledge and agree to resolve any dispute regarding termination of employment, if any, exclusively through mediation and final and binding arbitration in accordance with the Company's Dispute Resolution Policy and to abide by and comply with any arbitration award. I also understand that a court may compel arbitration and enforce the arbitration award.

I also acknowledge that I understand the provisions contained in this handbook may be changed, modified or deleted at any time, excepting only the Dispute Resolution Policy which shall not be altered without 180 days' notice. I further understand that neither this handbook nor any other communication by any management representative is intended to, in any way, create a contract of employment for a definite term or alter the employment at-will relationship.

### Injury Policy

I understand that if I have any work-related incident, accident or occurrence that may lead to a workers' compensation claim, I must report the incident, accident or occurrence to my worksite supervisor and Snelling management immediately. Additionally, I understand it is my responsibility to go to a designated specimen collection site and submit to a drug test immediately, but not longer than 24 hours following the incident, accident or occurrence, even if no medical treatment is required and even if I have not had an opportunity to report the incident, accident or occurrence to management. I will be subject to termination and may forfeit all benefits under workers' compensation and unemployment compensation laws if I have a positive, confirmed drug test, refuse to consent or submit to a drug test, tamper with a drug test, refuse to authorize release of drug test results to Snelling, fail to submit to a test immediately as required under the Policy, or otherwise violate this Policy.

**I UNDERSTAND THAT THIS DRUG FREE WORKPLACE POLICY AND RELATED DOCUMENTS ARE NOT INTENDED TO BE AN EMPLOYMENT CONTRACT BETWEEN SNELLING AND ME. I UNDERSTAND THIS ACKNOWLEDGEMENT FORM IS A SUMMARY OF THE POLICY REGARDING A DRUG FREE WORKPLACE AND A COMPLETE COPY OF THE POLICY IS AVAILABLE AT ANY TIME BY CONTACTING THE OFFICE AT (314) 993-7800.**

I agree that Snelling has identified and/or established a medical network that is available for work related injuries in my area. I have been informed of the requirements for the medical network and a list of those providers is available from my local office during normal business hours.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_