

EMPLOYEE LEASING AGREEMENT

This Employee Leasing Agreement ("Agreement") is entered into this _____ day of _____, 20____, by and between Unified Services I, Inc., an Arizona corporation, with an address of 12701 W Elm St, Surprise, AZ 85378 ("Lessor"), and _____ ("Lessee").

WITNESSETH

WHEREAS, Lessee conducts private business operations for the purpose of: _____, and desires to obtain payroll administration, employee leasing, and co-employment services from Lessor.

WHEREAS, Lessor provides payroll and employee leasing services for workers utilized by Lessee in furtherance of Lessee's business.

NOW, THEREFORE, in consideration of the mutual promises and covenants herein, the parties agree as follows:

OBLIGATIONS OF LESSOR

1. As directed by Lessee, Lessor will co-employ individuals recommended by Lessee as competent and experienced and who are legally authorized under applicable state and federal law to work in the State of Arizona.
2. Pay wages for Covered Employees, remit applicable payroll taxes, maintain payroll records, and complete required governmental reporting.
3. Maintain workers' compensation insurance coverage for Covered Employees only and furnish proof of insurance upon request.
4. For purposes of this Agreement, "Covered Employees" means only those workers who: (a) have been specifically reported to and accepted by Lessor; (b) have completed all onboarding and employment documentation required by Lessor, including employment eligibility verification documentation; (c) are processed through Lessor's payroll system; and (d) are included in payroll and workers' compensation reporting submitted by Lessor.
5. Co-employment status shall exist only for workers expressly accepted by Lessor as Covered Employees.
6. No workers' compensation coverage, payroll coverage, employment coverage, or co-employment relationship shall exist for any worker unless and until the worker has been properly reported to and accepted by Lessor.
7. Assume no responsibility for Lessee's compliance with regulations of any federal, state, county, or city agency regarding safety, jobsite supervision, or any other compliance matter.
8. Provide reports and respond to inquiries concerning Covered Employees required by federal and/or state agencies, including, without limitation, garnishments, child support orders, verifications of employment, unemployment claims, and state wage verifications.
9. Report and accrue Arizona mandated sick leave for all Covered Employees in accordance with applicable law.

OBLIGATIONS OF LESSEE

10. Report all workers performing labor or services before work begins, regardless of classification, by providing an employment application and identity documentation to Lessor before the worker begins work for Lessee.
11. Provide accurate and timely employee information necessary for payroll processing, including, without limitation, hours worked, wage rates, bonuses and commissions, paid leave (vacation and/or sick leave), and employee status changes. Lessee shall be solely responsible for inaccuracies in information submitted to Lessor.
12. Maintain all required operational, employment, safety, and other records necessary to comply with all applicable state and federal regulations in connection with Lessee's business. Lessee shall maintain all legally required

business insurance coverage, including, without limitation, general liability insurance, commercial auto insurance, and professional liability insurance, if applicable.

13. Maintain records including, without limitation, disciplinary actions, raise history, work conduct and history, vacation, and company policies specific to Lessee's business operations. Lessee acknowledges that such records should be provided to Lessor for inclusion in Covered Employees' records in the event of an unemployment claim.
14. Report all workplace injuries within twenty-four (24) hours of occurrence or knowledge thereof.
15. Have sole responsibility to supervise all workers and maintain sole responsibility for jobsite operations and safety.
16. Timely pay Lessor for services rendered in accordance with the fee schedule or any amendment attached to this Agreement. All charges shall be paid upon presentation, and any sums unpaid after ten (10) days shall accrue interest at the rate of one and one-half percent (1.5%) per month (18% per annum) until paid. Lessor will accept Lessee's payment by electronic collection or, with prior approval, by check. If a payment by check or electronic collection is returned due to insufficient or unavailable funds, payments thereafter will be accepted only by cashier's check if the second automatic electronic collection is returned. Payment is due on or before the due date stated on each invoice. If payment is received after this date, a ten percent (10%) late fee will be assessed. Returned check/insufficient funds fees are as follows: amount due less than \$100.00 = \$50.00; \$100.00 to \$300.00 = \$75.00; \$301.00 to \$1,000.00 = \$100.00; amount greater than \$1,000.00 = 15% of the amount due.
17. Lessee grants and authorizes Lessor and its agents, including financial institutions, to initiate electronic checking/savings debit entries and, if necessary, credit entries and adjustments for any debit entries made in error to Lessee's checking and/or savings accounts. This authorization will remain in effect until Lessee informs Lessor in writing that Lessee wishes to cancel it and Lessor has had a reasonable time to effect such cancellation.
18. Lessee acknowledges the distinction between employees and independent contractors. Employees generally: (a) are subject to Lessee's direction and control regarding how, when, and where work is performed; (b) may be entitled to overtime, minimum wage protections, workers' compensation coverage, unemployment insurance, and employee benefits; (c) require payroll tax withholding and employer tax contributions; and (d) are typically integrated into Lessee's regular business operations. Independent contractors (1099 workers) generally: (i) maintain independence in how services are performed; (ii) control their own schedules, methods, and tools; (iii) may provide services to multiple businesses; (iv) are responsible for their own taxes, insurance, and business expenses; and (v) are not eligible for employee benefits unless otherwise required by law. Lessee understands that issuing a Form 1099 or entering into an independent contractor agreement does not, by itself, determine lawful contractor status.
19. Lessee is solely responsible for determining whether a worker should be classified as an employee or independent contractor under applicable federal, state, and local laws. Lessor does not provide legal advice regarding worker classification unless expressly stated in a separate written agreement. Lessor relies entirely on information provided by Lessee concerning job duties, level of supervision, work schedules, payment structure, business independence, and other relevant classification factors. Lessor shall have no responsibility or liability for any independent contractor, subcontractor, or worker classified by Lessee unless such worker has been expressly accepted by Lessor as a Covered Employee.
20. Lessee acknowledges that any worker not reported to Lessor and not processed through Lessor's payroll system is expressly excluded from coverage under this Agreement, including workers' compensation coverage. No individual shall become a Covered Employee solely because labor or services were performed for Lessee.
21. Before permitting any independent contractor or subcontractor to perform work or services, Lessee should obtain and maintain a current certificate of insurance evidencing workers' compensation coverage for such contractor, or lawful proof of exemption where permitted by law, and provide Lessor with copies of such documentation. Failure by Lessee to obtain or maintain such documentation shall not create coverage, employment status, or liability on behalf of Lessor.

22. If Lessor becomes aware of a workers' compensation claim involving a worker who was not reported to or accepted by Lessor as a Covered Employee, Lessee shall provide any audit information required by the insurance carrier in connection with investigation of the claim.
23. Lessee shall be solely responsible for and shall immediately reimburse Lessor for any and all additional workers' compensation premiums, assessments, penalties, audit charges, deductibles, claim costs, increased insurance costs, or other expenses incurred by Lessor or its workers' compensation carrier arising from: (a) any worker not reported to Lessor; (b) any worker improperly classified by Lessee; (c) any workers' compensation claim involving a worker not accepted by Lessor as a Covered Employee; or (d) any retroactive payroll or remuneration attributed to unreported workers by any carrier, auditor, governmental agency, or regulatory authority.

INDEMNIFICATION

24. Lessee shall indemnify, defend, and hold harmless Lessor, its owners, officers, employees, agents, insurers, and representatives from and against any and all claims, losses, liabilities, damages, penalties, assessments, taxes, workers' compensation claims, employment claims, governmental actions, attorney fees, costs, and expenses arising from: (a) Lessee's business operations; (b) regulatory violations; (c) acts or omissions of Lessee; (d) vehicle use under Lessee's control; (e) Lessee's failure to report any workers to Lessor; (f) Lessee's classification or misclassification of any worker; (g) Lessee's failure to obtain workers' compensation coverage or proof of exemption for contractors; (h) any claim involving a worker not accepted by Lessor as a Covered Employee; or (i) any workers' compensation premium adjustment, retroactive premium, audit charge, deductible, penalty, increased insurance cost, or claim expense arising from unreported or improperly classified workers.

FEE SCHEDULE

25. Salary, hourly wages, commissions (if any), bonuses (if any), vacation pay (if any), sick pay (if any), and/or any other compensation agreed to between Lessor and a Covered Employee shall be charged at full gross pay.
26. All federal (FICA, Medicare, and FUTA), state (SUTA), and city payroll taxes and other fees shall be charged on full gross pay at a rate of twelve and five-tenths percent (12.5%), without regard to limitations and subject to change due to any statutory rate changes.
27. Workers' compensation will be assessed on the full gross pay of each Covered Employee based upon the employee's classification.
28. There is an administration fee of \$15.00 per pay period.
29. Additional fees that may be assessed on an as-needed basis include, without limitation, a late employee application processing fee of \$35.00, a late payroll fee of \$35.00, a \$35.00 annual company invoice report fee, and a \$50.00 fee assessed to Lessee if Lessee consistently fails to provide Covered Employees with paycheck stubs that are provided to Lessee each pay cycle.

GENERAL PROVISIONS

30. This Agreement constitutes the entire understanding and agreement between Lessor and Lessee regarding the subject matter hereof, and any representations, covenants, terms, or conditions not incorporated herein shall not be binding on either party. This Agreement supersedes all prior understandings, agreements, contracts, or arrangements between Lessee and Lessor and may be amended or changed only by an endorsement or amendment duly executed by both parties.
31. This Agreement shall be binding upon the parties hereto and their respective predecessors, successors, and permitted assigns.
32. No assignment of this Agreement by either party shall be valid without the prior written consent of the other party, except for liquidated sums that may be due hereunder.

- 33. This Agreement may be terminated by Lessor upon five (5) days' written notice to Lessee, or by Lessee upon seven (7) days' written notice to Lessor, at the last address provided herein.
- 34. The parties mutually agree that services will be performed in a timely manner based on information provided by Lessee, and the accuracy of those services is subject to the accuracy of information provided by Lessee to Lessor.
- 35. Any modification and/or addendum to this Agreement must be in writing and signed by both parties.

LESSEE INFORMATION

Business Name:	EIN/SSN:
_____	_____
Primary Contact:	Phone:
_____	_____
Fax:	Email:
_____	_____
Address:	City / State / Zip:
_____	_____
Website:	Bank Name for Electronic Collection:
_____	_____
Payroll Period Starting Date:	Payroll Frequency: Weekly ____ Bi-Weekly ____:
_____	_____

Entity Type: Sole Proprietor/Schedule C ____ Partnership/1065 ____ Sub-S/1120S ____ Corporation/1120
 ____ Tax-Exempt/990 ____

Ownership Information

Name	SSN/EIN	% Ownership	WC Coverage Y/N	Annual Wage / Principal Duties
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date set forth above.

Signature of Lessee (Owner/Officer/Partner)	Title	Date
Signature of Lessor (Unified Services I, Inc.)	Title	Date

ARIZONA FAIR WAGES AND HEALTHY FAMILIES ACT CLIENT ACKNOWLEDGMENT AND COMPLIANCE AGREEMENT

This Client Acknowledgment and Compliance Agreement ("Agreement") is entered into between Unified Services I, Inc. ("PEO") and the Client Company ("Client") for purposes of administering and complying with the Arizona Fair Wages and Healthy Families Act, Proposition 206, as amended.

Purpose

The Arizona Fair Wages and Healthy Families Act requires eligible employees to accrue and use Earned Paid Sick Time (EPST) in accordance with Arizona law. As part of the co-employment relationship, the Client and Unified Services I, Inc. agree to cooperate in the administration, tracking, reporting, and payment of earned paid sick time and other leave benefits.

Covered Employees

The Act applies to eligible full-time, part-time, temporary, hourly, salaried, exempt, non-exempt, piecework, and commissioned employees except where otherwise exempted by applicable law.

Earned Paid Sick Time Accrual

Eligible employees accrue earned paid sick time at a rate of one (1) hour for every thirty (30) hours worked, as required by Arizona law.

Employee Count Determination and Annual Usage Limits

For Clients employing fifteen (15) or fewer employees, eligible employees may accrue and use earned paid sick time as required by law, with annual usage limited to twenty-four (24) hours per year.

For Clients employing sixteen (16) or more employees, eligible employees may accrue and use earned paid sick time as required by law, with annual usage limited to forty (40) hours per year.

Unused earned paid sick time may be carried over from year to year as required by Arizona law and applicable policy determined by the Client Company.

Client Reporting Requirements

The Client shall timely notify Unified Services I, Inc. of all employee leave activity, including but not limited to sick time, vacation, PTO, and holiday pay.

The Client shall report all leave usage and adjustments no later than the close of each payroll period and before payroll processing deadlines.

Acknowledgment

By signing below, the Client acknowledges receipt of this notice, understands its responsibilities regarding the Arizona Fair Wages and Healthy Families Act, certifies that it has accurately disclosed its current employee count, and agrees to comply with all reporting, notification, recordkeeping, and compliance requirements established by Unified Services I, Inc.

Client Company: _____

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____

Unified Services I, Inc. Representative: _____

Signature: _____

Date: _____



Unified Services I, Inc.

Employee Leasing
12701 W. Elm Street
Surprise, Arizona 85378
Phone (623) 583-0113
Fax (623)583-4451

Dear Valued Client,

As a service to you as a Unified Services I, Inc's. client, we will obtain your workers' compensation as required by Arizona State law. All workers compensation insurance policies require a deposit and an annual policy fee to begin your insurance and issue a policy number. In order to complete your company's service with us, we will be collecting the \$180.00 annual policy fee that is required when the policy is bound. As a part of your payroll service, we will pay the required deposit.

You will be billed each billing cycle for workers' compensation premium based on gross payroll and any payments made to subcontractors, independent contractors, or vendors reported on Form 1099-NEC that are not otherwise exempt from workers' compensation coverage requirements. At the end of the policy term, upon renewal, or upon termination of your Leasing Agreement, your account may be audited by the insurance carrier. Any additional premium resulting from payroll, uninsured subcontractors (1099NEC), or other audit adjustments shall be the responsibility of the client and may be collected through ACH debit authorization previously provided.

The annual policy fee Will be ACH from your account along with your first payroll debit.

I _____, agree to have the annual policy fee of \$180.00 ACH from my account.

I _____, also agree to have any balance due for the minimum annual premium ACH from my account.

Company Name

Authorized Signature

Date

PEO Payroll Control Sheet

Help us help you, please provide us this information:

COMPANY: _____ **EIN:** _____

Contacts for Payroll and/or Other Issues:

Name: _____ Phone: _____ Email: _____
Name: _____ Phone: _____ Email: _____
Name: _____ Phone: _____ Email: _____

Preferred Method of Sending Payroll Hours:

Monday by 11:00AM, to be: Call In Fax In E-Mailed

Preferred Method of Receiving Payroll Totals:

Check one

Phone Phone: _____ **OK to Leave Message:** YES NO
Fax Fax: _____
E-Mail Email: _____

Special Notes: _____

Address to Receive Payroll Checks/Checkstubs:

Address for Mailing: _____

Notes:

**Electronic Collection Consent Form
For Payroll Collection**

Unified Services I, Inc.

PO Box 1400, Surprise, AZ 85378-1400
12701 West Elm Street
Surprise, Arizona 85378
(623) 583-0113
Fax (623) 583-4451

I give my consent to Unified Services I, Inc. to credit my account for the indicated payroll basis,
Weekly or Bi-Weekly , for payroll purposes.

Bank Name _____
Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/>
Routing Number _____
Account Number _____

This authority is to remain in full force and effect until Unified Services I, Inc. has received written notification from me of its termination in such time and in such manner as to afford Unified Services I, Inc., and depository, a reasonable opportunity to act on such notification.

Lessee Name _____	SSN/EIN _____
Lessee Signature _____	Date: _____

STAPLE VOIDED CHECK HERE

WORKERS' COMPENSATION INSURANCE REJECTION

The undersigned owner/employee hereby rejects any and all coverage as provided and is available under the Arizona State Workers' Compensation Act. The undersigned further acknowledges that he/she understand that Workers' compensation is governed by the laws found in Article 18, Section 8 of the Arizona State Constitution, Chapter 6 of Title 23 of the Arizona Revised Statutes (A.R.S. § 23-901 et seq., also sometimes referred to as "the Act") and Workers' Compensation Practice and Procedure rules contained in the Arizona Administrative Code (A.A.C. R20-5-101 et seq.). Under Arizona law, it is mandatory for employers to secure workers' compensation insurance for their employees. Workers' compensation is a "no fault" system in which an injured employee is entitled to receive benefits for an industrial injury, no matter who caused the job-related accident. If an illness or injury is job-related, then the injured worker (also known as a claimant or applicant) receives medical benefits and may receive temporary compensation, if eligibility requirements are met. In some cases, a claimant may also receive permanent compensation benefits, "job retraining," and supportive medical care.

The undersigned individual declares to Unified Services I, Inc. that they are an owner of said undersigned Company. The following owner/employee of said listed company below hereby rejects any and all coverage as may be provided, including compensation and medical benefits, under such coverage as would be provided under workers compensation insurance.

The undersigned acknowledges that he/she owns at least a five (5%) percent interest in said listed company below. In addition, by signing this rejection request the undersigned acknowledges that for this rejection to be valid, it must be a free and voluntary election. Further the undersigned owner/employee confirms that there has been no intimidation, fraud, force or threat of, or coercion of any nature whatsoever in making this election to reject workers compensation insurance coverage.

By signing this request, the undersigned acknowledges that they have a full understanding as to their financial responsible that may arise from any injury or illness that they may experience or encounter as an owner/employee of said Undersigned Company.

As an owner/employee who rejects coverage as provided by the Arizona Workers' Compensation Act agrees to hold harmless, Unified Services I, Inc and it owners, from any injury or illness that you the owner/employee may experience or encounter as an owner/employee of said Undersigned Company.

As an owner/employee who rejects coverage as provided by the Arizona Workers' Compensation Act agrees to hold harmless, Unified Services I, Inc and it owners, from any and all financial responsibilities that you the owner/employee may incur due to any injury or illness that you the owner/employee may experience or encounter as an owner/employee of said Undersigned Company.

I hereby confirm that I have at least a five percent (5%) ownership in the company named below and I reject any and call coverage as provided by workers compensation insurance company.

Owner Signature

Print Name

Rejection Date: _____

Date Signed: _____

Company Name

EIN



INDUSTRIAL COMMISSION OF ARIZONA

EMPLOYEE'S NOTICE OF REJECTION OF TERMS OF THE ARIZONA WORKERS' COMPENSATION LAW

POLICY NO. _____

DATE _____

To Unified Services I, Inc/Owner of PEO Company FLWT: _____

Full Name of Employer

PO Box 1400

Surprise

AZ

85378

Employer Address

City

State

Zip Code

YOU ARE HEREBY NOTIFIED THAT THE UNDERSIGNED ELECTS TO REJECT THE TERMS, CONDITIONS AND PROVISIONS OF THE LAW FOR THE PAYMENT OF COMPENSATION, AS PROVIDED BY THE COMPULSORY COMPENSATION LAW OF THE STATE OF ARIZONA, AND ACTS AMENDATORY THERETO.

(Employee First Name)

(Last Name)

(Social Security Number of Employee)

(Address of Employee)

(Signature of Employee)

(City)

(State)

(Zip Code)

NOTE: This notice is of no effect unless it is filled out in duplicate and served upon the employer. The employer shall, in all cases, within five days of receipt of the notice, file a copy with the workers' compensation insurance carrier.