

This Employer/Employee Agreement is entered into this _____ day of _____, _____, between _____ (Waiver Participant) and _____ (Employee).

EMPLOYEE RESPONSIBILITIES

I, _____ (Employee), am aware and agree that my employment is conditioned on my employer's participation in the Harris County Veterans Program. If my employer ends his or her participation in the Harris County Veterans Program, my employment may end. I agree to the following terms of employment:

1. During the term of this Agreement, I shall provide support to my employer by performing the duties outlined in this agreement and any attachments to it.
2. I agree to assist my employer in maintaining the documentation and records required by my employer or _____. I agree to complete all necessary paperwork to secure mandatory payroll deductions from my pay.

All records I may have or assist in maintaining are the property of my employer. I will keep these records confidential, release them only with the consent of my employer, and return them to my employer if my employment ends.

3. I shall immediately notify a physician, or call 9-1-1 if my employer experiences a medical emergency or illness.
4. I agree to participate in any meetings if requested to do so by my employer.
5. I agree to abide by all of my employer's rules regarding my employment duties to the employer through the Harris County Veteran Program and I acknowledge receipt of the following rules:
 - I am 18 years old or older, and a US Citizen or Legal Alien.
 - I am able to demonstrate an ability to perform tasks employer requests.
 - I will document time-in and time-out for each shift. Must use a standardized form, which my employer or Premier Financial Management Services will supply.
6. I understand that this is an employment at will relationship, which can be terminated by me or my employer at any time. However, my employer cannot terminate my employment on the basis of my race, religion, sex, disability, or other protected status under Federal or state law. In addition, I agree to give seven days written notice to my employer if I terminate my employment.
7. I understand and acknowledge that my employer is my sole employer and that I am not an employee of Premier Financial Management Services, or any other State or Federal Agency.
8. I agree to not to sue Premier Financial Management Services for its role as the financial administrator of my employer's program and for its role in administering the Harris County Veteran's Program.