



## Acrobat Outsourcing Services Agreement

This agreement between Acrobat Outsourcing, with its principal office located at 665 3<sup>rd</sup> Street, Suite 415, San Francisco, CA 94107 ("STAFFING FIRM"), and Kathy McGlynn ("CLIENT") for an event located at 440 Coleridge Avenue, Palo Alto, CA 94301 on November 30<sup>th</sup>, 2018.

**Bill Rates:** Our bill rates include the employee's hourly wage, and all deductions required by State and Federal legislation – including employer's contribution for FICA taxes, providing Unemployment and Worker's Compensation, liability insurance and fidelity bonding, San Francisco sick leave, health care and commuter ordinances as well as other deductions and benefits paid to our employees. Additionally, all administrative charges are covered, including preparation of W-2 forms at the end of the year.

| Position      | Bill Rate        |
|---------------|------------------|
| All Positions | \$50.00 Per Hour |

Acrobat may, on occasion, increase the rates set forth in proportion to any legislatively-mandated new or increased cost which may be required by federal, state, or local law commencing upon the effective date of such new or increased cost, such as FICA State Unemployment Tax. Changes may also include any new or increased cost associated with the passage of a federal or state law mandating any benefits for employees.

**ACA Surcharge:** Acrobat Outsourcing offers medical benefits to all qualified temporary employees in compliance with The Affordable Care Act. You will be assessed a minimal 2% ACA surcharge on every invoice. This rate can vary and is currently 3% of the invoice amount.

**Five-hour Minimum:** We require a five-hour minimum workday. If an employee is scheduled to work a minimum of five hours in one day and the employee is sent home in less than five hours due to a lack of work, the employee will be paid for five hours and THE CLIENT will be billed for five hours. **Show-up:** In the event you cancel the employee's assignment and the employee is already on his/her way to work, or at the location, the five-hour minimum will be applied, and THE CLIENT will be billed for five hours.

**Cancellation of Event:** There will be a 50% cancellation fee of estimated hours for the Event if cancelled within 7 days of the scheduled start time. The parties agree that the minimum hours for the Event are 5. For Saturday, Sunday and Monday jobs all cancellations or order changes need to be received by Friday morning at 9 a.m. PST to avoid fees.

**Guarantee:** Acrobat Outsourcing guarantees that the assigned employees that the recruit and assign to CLIENT will have the qualifications CLIENT requests. If CLIENT finds any assigned employee's qualifications or general work-related behavior lacking and lets Acrobat know within one (1) hour, Acrobat will not charge for the first two (2) hours of the assignment and will make reasonable efforts to replace the assigned employee immediately.

**Employee Timesheets:** Acrobat Outsourcing pays its employees weekly. In order to accommodate this and ensure accurate invoicing, we utilize paper time sheets, which will be provided to you by your local staffing manager. These time slips will have the names of the staff reporting to your event or business as well as a place to indicate time in, time out and break time. The time slip requires the initials of the staff as well as the signature of the client to ensure the validity of the recorded time by all parties. After the shift, please return via email or by fax to your local staffing manager, the following business day.

**Employee Breaks:** Per California labor laws an employee:

- a. must receive a 10-minute break for every 4 hours that they work provided the shift is at least 5 hours;
- b. must receive an uninterrupted 30-minute break after 5 hours, except when the workday will be completed in 6 hours or less and there is mutual employer/employee consent to waive the break period. If working more than 8 hours, additional breaks must be provided

**Hiring an Acrobat Employee:** Should THE CLIENT wish to hire an Acrobat employee as a permanent employee, conversion fees and/or hiring fees will apply. Hiring options include:

1. THE CLIENT maintains the employee as an Acrobat employee for at least 90 days with a minimum of 520 hours worked.
2. THE CLIENT may hire any Acrobat employee working less than 90 Days and 520 hours after paying a Temporary-to-Hire Conversion fee of \$5000 to Acrobat for each employee. Acrobat will assess a fee based on the number of days remaining in the original 90-day commitment.
3. If the employee is a candidate for immediate hire, Acrobat will assess a Direct Hire fee of \$5000.

**Payment Terms:**

A 50% deposit will be charged to CLIENT credit card prior to the event. Following the event and upon validation of the completed timesheet, CLIENT credit card will be charged automatically for the balance. A copy of the paid invoice will be provided to CLIENT reflecting the charged amount of credit card. CLIENT agrees to inform Acrobat Outsourcing in advance should there be any changes to CLIENT credit card information. ALL invoices are **Due Upon Receipt**.

**Finance Charge:** CLIENT agrees to pay interest on any unpaid balances after thirty (30) days from the date of the invoice, at the compounded rate of 1.5% per month (Annual Percentage Rate of 18%) or the maximum legal rate, whichever is lower, calculated from the date of the invoice.



**Term of Agreement:** The Agreement may be terminated by either party upon 30 days written notice to the other party, except that, if a party becomes bankrupt or insolvent, discontinues operations, or fails to make any payments as required by the Agreement, either party may terminate the agreement upon 24 hours written notice. No provision of this Agreement may be amended or waived unless agreed to in writing signed by the parties.

Authorized representatives of the parties have executed this Agreement below to express the parties' agreement to its terms. The provisions of this Agreement will inure to the benefit of and be binding on the parties and their respective representatives, successors, and assigns.

Kathy McGlynn  
CLIENT  
Kathy McGlynn  
Signature  
Kathy McGlynn  
Printed Name  
  
  
Title  
11/22/18  
Date

STAFFING FIRM: ACROBAT OUTSOURCING

Alicia Ambrose  
Signature  
Alicia Ambrose  
Printed Name  
Client Svs Mgr.  
Title  
11/23/18  
Date



## New Client Info Form

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

### COMPANY INFORMATION:

Company Name: Kathy McGlynn Website: kmcglynn@gmail.com

Type of Company:

- ☐ Conference Planner
- ☐ Event Production
- ☐ Food Production or Demo
- ☐ Education
- ☐ Event Facility
- ☐ Caterer
- ☐ Restaurant
- ☐ Corporate Cafeteria
- ☐ Organization: \_\_\_\_\_

### LOCATION

Please provide venue name, address and specific meeting room or check in procedure:

McGlynn Home  
440 Coleridge Ave  
Palo Alto, CA 94301

Are there parking options? Street

### STAFFING NEEDS

Select the positions you are likely to need at some point:

☐ Concierge/Information Clerk ☐ Registration Cashiers/Customer Service ☐ Materials Production ☐  
Room/Line Monitors ☐ Event Help ☐ Other Bartender, kitchen, 2 servers

Uniform or Attire:

What dress code would best be suited to the event or assignment?

white shirt, black pants or skirt

What dress code would best be suited to the event or assignment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONTACTS

**Primary Contact** (we will email timesheets to this contact before each job)

Printed Name: Kathy McGlynn Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: 650 799 7050 Fax: \_\_\_\_\_

Address: 440 Coleridge Ave City: Palo Alto Zip: 94301

Email: kmcglynn@gmail.com

## Invoice Contact

We email invoices to save paper, but if you prefer another method please indicate:

☒ Email is perfect ☐ Prefer fax ☐ Prefer postal mail

☒ same as above info

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

## Other Contacts

If there are others in your office who may place orders on this account please indicate:

1) Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



# Acrobat

outsourcing

## CREDIT CARD BILLING AUTHORIZATION FORM

| CREDIT CARD BILLING INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Company Name/DBA:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Private                                                                                                                                                                                 |
| Authorized Signer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Kathy McGlynn                                                                                                                                                                           |
| Credit Card Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Visa <input checked="" type="checkbox"/><br>MasterCard <input type="checkbox"/><br>Amex <input type="checkbox"/><br>Discover / Novus <input type="checkbox"/><br>Other, please specify: |
| Credit Card Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4388 5761 1629 2882                                                                                                                                                                     |
| Enter CVC number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Last 3 digits from the back of card: 931                                                                                                                                                |
| Expiration Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4/21                                                                                                                                                                                    |
| Billing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 440 COLERIDGE AVE                                                                                                                                                                       |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PALO ALTO                                                                                                                                                                               |
| State/Province:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CA                                                                                                                                                                                      |
| Zip/Postal Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 94301                                                                                                                                                                                   |
| Country:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | USA                                                                                                                                                                                     |
| Phone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 650 799-7050                                                                                                                                                                            |
| Fax Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                         |
| PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                         |
| <p>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Acrobat Outsourcing's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to <a href="mailto:leni@acrobatoutsourcing.com">leni@acrobatoutsourcing.com</a>.</p> <p>Changes in the status of this card can also be reported to <a href="mailto:leni@acrobatoutsourcing.com">leni@acrobatoutsourcing.com</a>.</p> |                                                                                                                                                                                         |

Authorized Signature:

Kathleen K. McGlynn

Date:

11/21/18