

# Assignment Begin Checklist

## Singapore

Confidential

SmartLabor Request Number:	
AC Name:	Assigned Worksite address (HP site or remote if applicable):
Supplier:	HP Building Assigned:
Supplier Contact (name, email, phone#):	Assignment Start Date:
HP Engagement Manager (name, email):	
<b><u>Mandatory</u> Conditions of Assignment Verification</b> (provide completion dates for each requirement listed below in 'mm/dd/yy' format)	<b>Safety Training/Skill Verifications Received (please list all requested/mandatory trainings and skill verifications, check for completion and add date completed)</b>
Background Check Completed (if applicable) _____	_____ /___/___
Non-Disclosure Agreement/CDA signed _____	_____ /___/___
Is contractor a citizen of Restricted Country listed in country groups D1, E1, or E2 in <a href="#">Supplement 1 part 740</a> of the US Export Administration Regulations? (Yes/No) If YES, please provide contractor's country of citizenship or permanent residence. _____	_____ /___/___
If YES - HP Labor Desk notifies Engagement manager that AC is subject to VTH process and must complete the Restricted National Hire form	_____ /___/___
Note: HP requires this information to obtain any government export authorizations that are required to transfer job-related technical data to the contractor. A refusal to provide this information may impact HP's ability to obtain any necessary government export authorizations.	_____ /___/___
AC Orientation completed _____	_____ /___/___
Restricted Party List (RPL) checked* _____	_____ /___/___
CW Code of conduct training completed _____	_____ /___/___
Has contractor been an HP employee within the past 12 months? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____ /___/___
Has contractor been an HP employee, and terminated their employment via the Enhanced Early Retirement (EER) Yes: <input type="checkbox"/>	_____ /___/___
	Security Clearance Check (if applicable) _____
	Drug Testing (if applicable) _____
	*Reference for RPL Checklist website: <a href="http://apps.export.gov/csl-search#/csl-search">http://apps.export.gov/csl-search#/csl-search</a> <a href="http://eur-lex.europa.eu/homepage.html">http://eur-lex.europa.eu/homepage.html</a>

program, within the past 24 months?	<b>No:</b> <input type="checkbox"/>	
If yes, please provide the following: Last day of HP employment: __/__/__ Former HP Manager's name: _____		
Has the contractor previously worked at HP as a contractor?	<b>Yes:</b> <input type="checkbox"/> <b>No:</b> <input type="checkbox"/>	
If yes, please provide the following:  First work day of last assignment at HP: __/__/__ Last work day of last assignment at HP: __/__/__ HP Engagement Manager Name: _____ Reason for assignment ending: _____ _____		

**Assignment Order Details**

Part 2 - Terms of Employment <i>(To be input by HP or L2 Suppliers, and must be verified &amp; confirmed by HP)</i>									
<b>Name Card Needed</b>	Yes / No (include cost if "Yes")								
<b>Annual Leave (length of service cannot be more than 3 years for any Agency Contractor)</b>	<p>_____ days per 12 months contractual Period</p> <p>* The below table only applies to Employees under the employment act. In the event that the contractor is not under the employment act (see MoM regulations), their Annual Leaves will be at the discretion of the hiring manager.</p> <table border="1"> <thead> <tr> <th>Length of service</th> <th>Annual leave entitlement</th> </tr> </thead> <tbody> <tr> <td>1 year</td> <td>7 days</td> </tr> <tr> <td>2 years</td> <td>8 days</td> </tr> <tr> <td>3 years</td> <td>9 days</td> </tr> </tbody> </table>	Length of service	Annual leave entitlement	1 year	7 days	2 years	8 days	3 years	9 days
Length of service	Annual leave entitlement								
1 year	7 days								
2 years	8 days								
3 years	9 days								

<b>Completion Bonus</b>	<b>Yes / No</b> If 'Yes', <u>Bonus of 1/2 (half) month</u> basic salary will be paid upon completion of 12 months continuous service and meeting minimum performance standard. The bonus should be approved (by documented email) by the hiring manager as well as the HM's N+1 and N+2. No invoices including bonus claims should be submitted upon reception of the above approvals. Supplier should keep track of those approvals in a situation of being audited.
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<b>Part 3 - Agency Fee in local currency (To be input by L2 Suppliers and confirmed by HP)</b>	
<b>Commercial Medical &amp; Insurance Benefit (only applicable when insurance provisions is stated on the MSA contract)</b> <b>(Term Life, Personal Accident, Hospital &amp; Surgical, Clinical Outpatient)</b>	<b>S\$ XXX/month</b>
<b>Work Injury Compensation ACT –WICA</b> <b>*Mandatory by law only for contract staff earning \$1,600 and below.</b>	<b>Yes/No</b> <b>S\$ XXX/month</b>

**Assignment End Agreement**

- Contractor will return all issued HP Badge/Credentials as well as HP Equipment (i.e. Laptop; Active Key; Router/Hub; etc.) within 5 working days after Assignment End Date. After this period, the Supplier will be responsible to assure the return of HP Properties as well as the liability for replacement costs and/or agreed contractual penalties.
- Contractor/Supplier Representative will be afforded 72 hours (3 Business days) after assignment End Date to collect personal belongings left at the HP workplace. After this period, HP will not be responsible for any such items or liable for associated replacement value.

**Assignment Begin Checklist Signage**

I,       (HP Approved Supplier Rep. name)      , the Supplier Representative of       (HP Approved Supplier name)      , hereby verify that the above required Assignment Conditions have been completed prior to the start of       (AC name)      , an employee of       (HP Approved Supplier name or Subcontractor Supplier name)      , as an Agency Contractor with assignment at Hewlett Packard.

Agency Contractor: \_\_\_\_\_

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

HP Approved Supplier Representative: \_\_\_\_\_

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

**To be completed by Subcontractor Supplier, if applicable**

I,       (HP Subcontractor Supplier Rep. name)      , the Supplier Representative of       (Subcontractor Supplier name)      , hereby verify that the above required Assignment Conditions have been completed prior to the start of       (AC name)      , an employee of       (Subcontractor Supplier name)      , as an Agency Contractor with assignment at Hewlett Packard.

Subcontractor Supplier Representative: \_\_\_\_\_

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

**Please attach to the SmartLabor draft order**