

ASSIGNMENT BEGIN CHECKLIST UNITED KINGDOM

SmartLabor Request Number:[SmartLabor Request Number]

AC Name:	Assigned HP Worksite:																																				
Supplier:	Building Assigned:																																				
Supplier Contact (name, email, phone#):	Assignment Start Date:																																				
HP Engagement Manager (name, email):																																					
Mandatory Conditions of Assignment Verification (provide completion dates for each requirement listed below)	Safety Training/Skill Verifications Received (please list all requested/mandatory trainings and skill verifications, check for completion and add date completed)																																				
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<p>If yes, please provide the following:</p> <p>Last day of HP employment: mm/dd/yy</p> <p>Former HP Manager's name: _____</p>																																					
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<p>If yes, please provide the following:</p> <p>First work day of last assignment at HP: mm/dd/yy</p> <p>Last work day of last assignment at HP: mm/dd/yy</p> <p>HP Engagement Manager Name: _____</p> <p>Reason for assignment ending: _____</p> <p>_____</p>	
<p>Additional Requirements (if applicable):</p> <p>U.S. Federal ACS: E-verify checked __/__/____ or exempt from E-verify based on:</p> <p>_____</p> <p>_____</p> <p>Security Clearance checked: __/__/____</p> <p>Other: _____</p>	
<p>IR35 LEGISLATION – QUESTIONNAIRE (UK only)</p>	
<p>1. Please provide full details of how the worker provides their services including:</p>	
<p>(a) The identity of the worker (both the worker individual name AND any company name and address) of any other intermediaries through which the individual provides their services:</p>	<p><input type="text"/> Name of the individual worker /Company name and address</p> <p><input type="text"/> Name and address of any other Company acting as intermediary</p>
<p>(b) Whether or not the individual provides their services through a personal services company, or as a member of a partnership (in which case the IR35 rules will need to be assessed by HP GIP):</p>	<p><input type="checkbox"/> Employee of Staffing Agency</p> <p><input type="checkbox"/> Personal services company</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> I do not know</p>
<p>2. Please confirm by checking the appropriate box, whether, to the best of your knowledge:</p>	<p><input type="checkbox"/> The individual will undertake the services primarily inside the UK; and/or</p> <p><input type="checkbox"/> The individual is resident for tax purposes in the UK.</p>

3. Do you have the systems in place to make payments to workers subject to Pay-As-You-Earn ("PAYE") and NICs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby certify, on behalf of the agency named below, that the information provided in the IR35 Legislation – Questionnaire is fully accurate as of the date specified below, and that I have the full legal right and authority to provide this information to HP.	

Employment Status Confirmation

- Agency Contractor is legally able to work in the United States.
- Placement of a non-immigrant worker (e.g. L-1, H-1B or F visa holder) requires written approval from the HP Program Manager and Agency confirmation that worker is legally eligible to perform services, as specified, for the anticipated duration of assignment.

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

Agency Contractor: _____

Date: / /

Supplier Representative: _____

Date: / /

Please attach to the SmartLabor draft order.