

Assignment Begin Checklist

Germany

Confidential

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)
Background Check Completed (if applicable) _____	_____ / / _____
Non-Disclosure Agreement/CDA signed _____	_____ / / _____
AÜ-Vertrag signed and sent to HP Germany _____	_____ / / _____
AC Orientation completed _____	_____ / / _____
Restricted Party List (RPL) checked _____	_____ / / _____
CW Code of conduct training _____	_____ / / _____
Has contractor been an HP employee within the past 12 months? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____ / / _____
If yes, please provide the following: Last day of HP employment: mm/dd/yy Former HP Manager's name: _____	_____ / / _____
Has the contractor previously worked at HP as a contractor? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____ / / _____
Has contractor been an HP employee, and terminated their employment via the Enhanced Early Retirement (EER) program, within the past 24 months? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____ / / _____
If yes, please provide the following: First work day of last assignment at HP: mm/dd/yy Last work day of last assignment at HP: mm/dd/yy HP Engagement Manager Name: _____ Reason for assignment ending: _____	_____ / / _____
Is contractor eligible to work in this country Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____ / / _____
Documentation that must be supplied	
National ID Card/Passport Yes: <input type="checkbox"/>	
Visa (if required) Expiry Date of Visa ___/___/___ Yes: <input type="checkbox"/>	
Extension of contact Given Yes: <input type="checkbox"/>	
Date of completions of contract ___/___/___	
Expiry date on Visa rechecked to ensure Yes: <input type="checkbox"/>	
Is contractor a citizen of Restricted Country listed in country groups D1, E1, or E2 in Supplement 1 part 740 of the US Export Administration Regulations? (Yes/No) Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If YES, please provide contractor's country of citizenship	

*Reference for RPL Checklist website:
<http://apps.export.gov/csl-search#/csl-search>
<http://eur-lex.europa.eu/homepage.html>

<p>or permanent residence. _____</p> <p>If YES - HP Labor Desk notifies Engagement manager that AC is subject to VTH process and must complete the Restricted National Hire formor permanent residence.</p> <p>_____</p> <p>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.</p>			

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 or Subcontractor Supplier name) , as an Agency Contractor with assignment at Hewlett Packard.

Supplier Representative: _____

Date: ____/____/____

Agency Contractor: _____

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 upload completed document to the relevant SmartLabor order.