



EXEMPT OR NON-EXEMPT EMPLOYEE STATUS AGREEMENT

I, _____ understand and ___ have OR ___ have not agreed to accept a position in which I am an exempt employee. By definition, if I am an exempt employee, this means that because of my positional duties and responsibilities, I am exempt from the overtime provisions of the Fair Labor Standards Act (FLSA) and California law.

As an exempt employee, I understand that I am expected by most organizations to work whatever hours are necessary to accomplish the goals and deliverables of the exempt position without being compensated for any overtime premiums as required by federal or state law. As a non-exempt employee, I understand that I must complete the work assigned to me within the hours given and need to get prior approval to working any overtime. As a non-exempt employee, I understand that I am prohibited from working off-the-clock and will immediately report any hours worked off-the-clock to the Company.

As an exempt employee, I agree to put in the hours necessary to accomplish my core role on a day-to-day basis. Even as an exempt employee, an attendance tracker is utilized to have an accurate record of any accrual of Paid Time Off (PTO) and Paid Sick Leave (PSL). Exempt employees are paid a salary that is the equivalent of approximately 86.67 hours per semi-monthly pay period. Although paid on a salary basis, exempt employees log their daily hours in the Calamari timekeeping program to record absence requests and accrue PTO and PSL hours. As a non-exempt employee, a timecard is required per pay period listing all hours worked from start to finish in the "regular hours" column. While/if exempt, I understand that no hours worked in excess of 8 hours per day or 40 hours per week will be paid at an overtime rate, as it would be if I were a nonexempt hourly employee.

I also understand under this exemption, with approval of Hire Up Staffing Services and the manager that I report to at the client site, I am able to occasionally adjust my schedule to allow for personal obligations so long as all my normal work responsibilities are complete. Should personal obligations or loss in time be deemed excessive or result in a failure to complete my normal work responsibilities, I understand that I may be subject to discipline up to and including termination.

I acknowledge that I have read and understand this policy, and I agree to follow the above guidelines.

Employee Signature

Date

Print Employee Name

Date