



I, _____, agree to reimburse GEOTEMPS, Inc. in the form of payroll deductions or other acceptable forms of payment for any and all expenses incurred by GEOTEMPS relating to employment testing and training including but not limited to drug tests, physical exams, eye exams, MSHA training and OSHA training in the event of any or all of the following:

- I fail or unsuccessfully complete any or all tests, exams or training as explained above.
- I do not complete the first 30 work days of my assignment except in the event the assignment is cancelled or shortened by GEOTEMPS or GEOTEMPS' client through no fault of my own.

Print Name

Signature

Date

Note: If you feel you are unable to complete or pass the tests/training or you are unable to fulfill the first 30 days of the assignment, please notify the GEOTEMPS Staffing Manager/Staffing Representative before these expenses are incurred.