B 10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT District of Delaware | **PROOF OF CLAIM**

Name of Debtor: SCHOOL SPECIALTY | Case Number: 13-10125

NOTE: *This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the debtor owes money or property): ACCOUNTEMPS DIV. of Robert Half International

Name and address where notices should be sent:

ATTN: KAREN LIMA PO Box 5024
San Ramon, CA 94583-9128

Telephone number: (925) 913-2511

RECEIVED
APR 04 2013
KURTZMAN CARSON CONSULTANTS

Name and address where payment should be sent (if different from above):

Telephone number:

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____ (*If known*)

Filed on: _____

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: $ 3,421.60

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: SERVICES PERFORMED
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 04630-00002000

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property:$_____ **Annual Interest Rate**___**%**

Amount of arrearage and other charges as of time case filed included in secured claim, if any: $_____ **Basis for perfection:** _____

Amount of Secured Claim: $_____ **Amount Unsecured: $**_____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (*See definition of "redacted" on reverse side.)*

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

☐ Up to $2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(__).

Amount entitled to priority:

$_____

**Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

FOR COURT USE ONLY

Date: 03/25/2013

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

KAREN LIMA, RECOVERY MANAGER

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

13101251304020000000000029

Item	Employee Name	Line	As Of	Ent Typ/Rsn	Cur	Amount	Other
TATUS	04630-000102000 SCHOOL SPECIALTY					Appleton WI	
36624765	Huth,Pepper J	1	11/01/2012	EXDR REG	USD	800.00	800.00
36624765	Huth,Pepper J	2	11/01/2012	EXDR OVT	USD	63.60	63.60
36688132	Huth,Pepper J	1	11/08/2012	EXDR REG	USD	800.00	800.00
36688132	Huth,Pepper J	2	11/08/2012	EXDR OVT	USD	36.30	36.30
36733802	Huth,Pepper J	1	11/15/2012	EXDR REG	USD	688.60	688.60
36766812	Huth,Pepper J	1	11/21/2012	EXDR REG	USD	800.00	800.00
36766812	Huth,Pepper J	2	11/21/2012	EXDR OVT	USD	71.70	71.70
36793186	Huth,Pepper J	1	11/29/2012	EXDR REG	USD	161.40	161.40
	Total SCHOOL SPECIALTY					3,421.60	3,421.60
Total TATUS						3,421.60	3,421.60

Accountemps®
A Robert Half Company

Page:	1
Invoice Date:	11/01/2012
Invoice Number:	36624765
Customer Number:	04630-000102000
Fed Tax ID:	94-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
Ryan Hartman
SCHOOL SPECIALTY
P O Box 1579
Appleton WI 54913-1579

Please Remit To:
Accountemps
12400 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Huth,Pepper J	10/26/2012	Hartman,Ryan	40.00	HRS REG	$ 20.00	$ 800.00
2	Huth,Pepper J	10/26/2012	Hartman,Ryan	2.12	HRS OVT	$ 30.00	$ 63.60
	Subtotal for Week-Ended:	10/26/2012		42.12	HRS		$ 863.60

Invoice Subtotal:	**$ 863.60**
TOTAL AMOUNT DUE:	**$ 863.60**

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice please call:
(800) 776-3770

For qualified temporary accounting and finance professionals please call:
(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Accountemps
12400 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693

Customer Number	Invoice Number	Total Amount
04630-000102000	36624765	$ 863.60

0463000010200036624765000863600

Accountemps®
A Robert Half Company

Week Ending Date: 10/26/12

Online Timesheet

Employee ID	Name (Last, First Middle)
1017458790	Huth, Pepper J

Job Order Number	Client Company Name	Report To
04630-105960	School Specialty	Hartman, Ryan

Time worked for one week only, starting with Saturday and ending on Friday midnight.

Day	Date	In	Out	In	Out	In	Out	Total
Sat	10/20/12							
Sun	10/21/12							
Mon	10/22/12	7:33 AM	12:15 PM	12:46 PM	4:51 PM			8.79
Tue	10/23/12	7:33 AM	12:07 PM	12:53 PM	4:40 PM			8.35
Wed	10/24/12	7:50 AM	12:20 PM	1:15 PM	5:16 PM			8.52
Thu	10/25/12	7:58 AM	12:08 PM	12:42 PM	4:45 PM			8.22
Fri	10/26/12	7:33 AM	11:58 AM	12:44 PM	4:33 PM			8.24

Total Weekly Hours: 42.12

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 10/27/12 12:06:47 PM PDT

by Pepper J Huth

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 10/29/12 6:23:29 AM PDT

by Ryan Hartman

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Page:	1
Invoice Date:	11/08/2012
Invoice Number:	36688132
Customer Number:	04630-000102000
Fed Tax ID:	94-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
Ryan Hartman
SCHOOL SPECIALTY
P O Box 1579
Appleton WI 54913-1579

Please Remit To:
Accountemps
12400 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Huth,Pepper J	11/02/2012	Hartman,Ryan	40.00	HRS REG	$ 20.00	$ 800.00
2	Huth,Pepper J	11/02/2012	Hartman,Ryan	1.21	HRS OVT	$ 30.00	$ 36.30
	Subtotal for Week-Ended:	11/02/2012		41.21	HRS		$ 836.30

Invoice Subtotal: **$ 836.30**

TOTAL AMOUNT DUE: **$ 836.30**

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice please call:
(800) 776-3770

For qualified temporary accounting and finance professionals please call:
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CHICAGO IL 60693

Customer Number	Invoice Number	Total Amount
04630-000102000	36688132	$ 836.30

04630000102000366881320000836305

Accountemps®
A Robert Half Company

Week Ending Date: 11/2/12

Online Timesheet

Employee ID	Name (Last, First Middle)
1017458790	Huth, Pepper J

Job Order Number	Client Company Name	Report To
04630-105960	School Specialty	Hartman, Ryan

Time worked for one week only, starting with Saturday and ending on Friday midnight.

Day	Date	In	Out	In	Out	In	Out	Total
Sat	10/27/12							
Sun	10/28/12							
Mon	10/29/12	7:41 AM	11:36 AM	12:36 PM	4:46 PM			8.09
Tue	10/30/12	7:42 AM	12:08 PM	1:00 PM	4:45 PM			8.19
Wed	10/31/12	7:39 AM	12:30 PM	1:17 PM	4:40 PM			8.24
Thu	11/1/12	7:40 AM	12:12 PM	12:25 PM	1:00 PM	1:33 PM	4:51 PM	8.42
Fri	11/2/12	7:40 AM	11:56 AM	12:50 PM	4:50 PM			8.27

Total Weekly Hours: 41.21

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 11/6/12 6:13:39 AM PST

by Pepper J Huth

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 11/6/12 8:23:13 AM PST

by Ryan Hartman

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Page:	1
Invoice Date:	11/15/2012
Invoice Number:	36733802
Customer Number:	04630-000102000
Fed Tax ID:	94-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
Ryan Hartman
SCHOOL SPECIALTY
P O Box 1579
Appleton WI 54913-1579

Please Remit To:
Accountemps
12400 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Huth,Pepper J	11/09/2012	Hartman,Ryan	34.43	HRS REG	$ 20.00	$ 688.60
	Subtotal for Week-Ended:	11/09/2012		34.43	HRS		$ 688.60

Invoice Subtotal: **$ 688.60**

TOTAL AMOUNT DUE: **$ 688.60**

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(800) 776-3770

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CHICAGO IL 60693

Customer Number	Invoice Number	Total Amount
04630-000102000	36733802	$ 688.60

04630000102000367338020000688600

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Week Ending Date: 11/9/12

Online Timesheet

Employee ID	Name (Last, First Middle)
1017458790	Huth, Pepper J

Job Order Number	Client Company Name	Report To
04630-105960	School Specialty	Hartman, Ryan

Time worked for one week only, starting with Saturday and ending on Friday midnight.

Day	Date	In	Out	In	Out	In	Out	Total
Sat	11/3/12							
Sun	11/4/12							
Mon	11/5/12	7:43 AM	11:55 AM	12:50 PM	4:44 PM			8.10
Tue	11/6/12	7:33 AM	12:05 PM	12:55 PM	4:47 PM			8.40
Wed	11/7/12	7:33 AM	4:47 PM					9.24
Thu	11/8/12	7:32 AM	12:03 PM	12:30 PM	4:40 PM			8.69
Fri	11/9/12							

Total Weekly Hours: 34.43

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 11/8/12 5:03:17 PM PST

by Pepper J Huth

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 11/13/12 6:03:47 AM PST

by Ryan Hartman

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Page:	1
Invoice Date:	11/21/2012
Invoice Number:	36766812
Customer Number:	04630-000102000
Fed Tax ID:	94-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
Ryan Hartman
SCHOOL SPECIALTY
P O Box 1579
Appleton WI 54913-1579

Please Remit To:
Accountemps
12400 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Huth,Pepper J	11/16/2012	Hartman,Ryan	40.00	HRS REG	$ 20.00	$ 800.00
2	Huth,Pepper J	11/16/2012	Hartman,Ryan	2.39	HRS OVT	$ 30.00	$ 71.70
	Subtotal for Week-Ended:	11/16/2012		42.39	HRS		$ 871.70

Invoice Subtotal: **$ 871.70**

TOTAL AMOUNT DUE: **$ 871.70**

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice please call:
(800) 776-3770

For qualified temporary accounting and finance professionals please call:
(800) 803-8367

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Thank you for choosing Accountemps!

Accountemps
12400 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693

Customer Number	Invoice Number	Total Amount
04630-000102000	36766812	$ 871.70



0463000010200036766812000871700

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Week Ending Date: 11/16/12

Online Timesheet

Employee ID	Name (Last, First Middle)
1017458790	Huth, Pepper J

Job Order Number	Client Company Name	Report To
04630-105960	School Specialty	Hartman, Ryan

Time worked for one week only, starting with Saturday and ending on Friday midnight.

Day	Date	In	Out	In	Out	In	Out	Total
Sat	11/10/12							
Sun	11/11/12							
Mon	11/12/12	7:36 AM	11:48 AM	12:17 PM	4:42 PM			8.62
Tue	11/13/12	7:35 AM	11:52 AM	12:35 PM	5:20 PM			9.04
Wed	11/14/12	7:38 AM	12:08 PM	12:48 PM	4:32 PM			8.24
Thu	11/15/12	7:45 AM	12:15 PM	12:58 PM	4:47 PM			8.32
Fri	11/16/12	7:34 AM	11:56 AM	12:43 PM	4:31 PM			8.17

Total Weekly Hours: 42.39

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 11/16/12 3:36:58 PM PST

by Pepper J Huth

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 11/19/12 6:24:13 AM PST

by Ryan Hartman

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Page:	1
Invoice Date:	11/29/2012
Invoice Number:	36793186
Customer Number:	04630-000102000
Fed Tax ID:	94-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
Ryan Hartman
SCHOOL SPECIALTY
P O Box 1579
Appleton WI 54913-1579

Please Remit To:
Accountemps
12400 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Huth,Pepper J	11/23/2012	Hartman,Ryan	8.07	HRS REG	$ 20.00	$ 161.40
	Subtotal for Week-Ended:	11/23/2012		8.07	HRS		$ 161.40

Invoice Subtotal: **$ 161.40**

TOTAL AMOUNT DUE: **$ 161.40**

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Any questions regarding this invoice please call:
(800) 776-3770

For qualified temporary accounting and finance professionals please call:
(800) 803-8367

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Thank you for choosing Accountemps!

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CHICAGO IL 60693

Customer Number	Invoice Number	Total Amount
04630-000102000	36793186	$ 161.40

0463000010200036793186000161405

Accountemps®
A Robert Half Company

Week Ending Date: 11/23/12

Online Timesheet

Employee ID	Name (Last, First Middle)
1017458790	Huth, Pepper J

Job Order Number	Client Company Name	Report To
04630-105960	School Specialty	Hartman, Ryan

Time worked for one week only, starting with Saturday and ending on Friday midnight.

Day	Date	In	Out	In	Out	In	Out	Total
Sat	11/17/12							
Sun	11/18/12							
Mon	11/19/12	7:42 AM	11:43 AM	12:38 PM	4:41 PM			8.07
Tue	11/20/12							
Wed	11/21/12							
Thu	11/22/12							
Fri	11/23/12							

Total Weekly Hours: 8.07

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 11/19/12 5:24:37 PM PST

by Pepper J Huth

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 11/20/12 10:06:29 AM PST

by Ryan Hartman

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Accountemps®
A Robert Half Company

August 24, 2012

RYAN HARTMAN
SCHOOL SPECIALTY
W6316 DESIGN DRIVE
GREENVILLE, WI 54942

Job Order Number: 04630-105960

Dear Ryan,

Thank you for selecting Accountemps to meet your staffing needs. Pepper Huth is scheduled to start with School Specialty as a Staff Accountant on 08-24-2012. As agreed, we will invoice your firm at the rate of $20.00 per hour. If applicable, overtime will be billed at 1.50 times such rate. Please find the enclosed General Conditions of Assignment and Terms of Payment for your review.

Our professional will submit either an electronic time record or a time sheet for verification and approval at the end of each week. Your approval thereby will indicate you have read and agree to the Accountemps General Conditions of Assignment and Terms of Payment.

Accountemps, a Robert Half Company, is the world's first and largest specialized financial temporary staffing firm for accounting and financial professionals. We provide professionals on a temporary, temporary-to-hire and salaried basis. We are a division of Robert Half International, the world's leader in specialized consulting and staffing services since 1948.

Please do not hesitate to contact us if you have any questions or we can be of additional service. We look forward to working with you.

Sincerely,

Accountemps
100 West Lawrence Street, Third Floor
Appleton, WI 54911
(800) 803-8367

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An Equal Opportunity Employer (5/12)

GENERAL CONDITIONS OF ASSIGNMENT

Thank you for your confidence in *Accountemps*. Our professional is assigned to you under the following General Conditions of Assignment and the enclosed Terms of Payment.

Scope of Background Inquiries	We usually check references by asking specific questions to select past employers with regard to qualifications and work history. These types of checks are generally done the first time we place that individual on an assignment. We do not recheck references after this initial placement process has been completed. **There are substantial legal restrictions on the use and communication of various types of personnel-related information. We have not screened for drug use, administered a medical exam, conducted a criminal background check, or engaged in any verification process other than these reference checks.** You should conduct such additional or more recent reference inquiries of past employers or verify such other items as you deem appropriate for the position. If you would like to obtain further background information about the professional, we would be glad to refer you to third party agencies who have agreed to perform additional background checks for our clients at a competitive price. If you choose to directly employ one of our professionals, we are willing to provide you with the results of any reference checks that we have performed, to the extent permitted by law.
Client's Responsibility	Supervision of our professional's work is your responsibility. Our professional is only authorized to perform work within the scope of the assignment. Since *Accountemps* is not a professional accounting firm, it is expressly understood that our employees are not authorized to render an opinion on behalf of *Accountemps* or on your behalf on financial statements, nor are our employees authorized to sign the name of *Accountemps* on any document or to sign their own names on financial statements or tax returns. **It is understood that you are responsible for implementing and maintaining usual, customary and appropriate internal accounting procedures and controls, internal controls and other appropriate procedures and controls (including information technology, proprietary information, creative designs and trade secret safeguards) for your company and we shall not be responsible for any losses, liabilities or claims arising from the lack of such controls or procedures.** Under no circumstances will you permit our professional to sign, endorse, wire, transport or otherwise convey cash, securities, checks, or any negotiable instruments or valuables. It is understood that you have full responsibility for providing safe working conditions, as required by law, including ensuring that safety plans exist for and safety related training is provided to our professional working on your premises. If this assignment is for work to be performed under a government contract or subcontract, you will notify us immediately (1) of any obligations in the government contract or subcontract relating to wages, and (2) if we are legally required to initiate E-Verify verification procedures for our professional assigned to you. It is understood that we will not authorize our professional to operate machinery (other than office machines) or automotive equipment. It is agreed that you accept full responsibility for, and that we do not maintain insurance to cover any injury, damage, or loss that may result from your failure to comply with the foregoing. It is understood that you are responsible for reporting any claim to us in writing during or within ninety (90) days after the assignment. Under no circumstance will *Accountemps* be responsible for any claim related to work performed unless you have reported such claim in writing to us within ninety (90) days after termination of the assignment.
Confidentiality	Our professional will agree to execute any confidentiality agreement you may require. You are responsible for obtaining our professional's signature. You agree to hold in confidence the social security number and other legally protected personal information of our professional and to implement and maintain reasonable security procedures and practices to protect such information from unauthorized access, use, modification or disclosure.
Employment Taxes and Withholdings	*Accountemps* will handle, to the extent applicable, any workers' compensation insurance, federal, state and local withholding taxes and unemployment taxes, as well as social security, state disability insurance or other payroll charges.
Insurance	In addition to workers' compensation insurance, we also maintain commercial liability insurance and employer's liability insurance.
No Contrary Agreements	These General Conditions of Assignment contain the complete and final agreement on the topics they address, and they supersede any prior agreements or understandings on these topics. Our professionals do not have authority either to verbally modify these General Conditions of Assignment or to assume additional responsibilities other than those set forth in these General Conditions of Assignment.

Job Order: 04630-105960 Date: 08-24-2012

TERMS OF PAYMENT

Thank you for your confidence in *Accountemps*. Our professional for the assignment of a Staff Accountant is Pepper Huth. The assignment will start on 08-24-2012. As verbally agreed or otherwise communicated, we will invoice your firm at the rate of $20.00 per hour. Should you wish to use our professional for other assignments, please feel free to do so. The hourly billing rate may then change to reflect the experience necessary to complete the assignment. Call *Accountemps* for any changes in the assignment. We request a minimum thirty (30) days notice prior to ending any assignment.

Our professional is assigned to you under the following Terms of Payment:

Guarantee	*Accountemps* guarantees your satisfaction with our professional's services by extending to you a one-day (8 hours) guarantee period. If, for any reason, you are dissatisfied with the professional assigned to you, *Accountemps* will not charge for the first eight hours worked, provided that *Accountemps* replaces the individual assigned. Unless you contact us before the end of the first eight hours guarantee period, you agree that our professional assigned is satisfactory.
Time Sheet	Our professional will submit either an electronic time record or a time sheet for verification and approval at the end of each week. Your approval thereby indicates your acknowledgement of the General Conditions of Assignment and these Terms of Payment. Our compensation to our assigned professional is on a weekly basis, and you will be billed weekly for the total hours worked, including time spent completing, revising, and/or resubmitting a time sheet or electronic time record during business hours, and we ask that you respect those guidelines. Because *Accountemps* invoices reflect payroll we have already paid, our invoices are due upon receipt. Applicable sales and service taxes shall be added to these invoices. In the event that you fail to pay the invoice when due, you agree to pay all of our costs of collection, including reasonable attorneys' fees, whether or not legal action is initiated. Additionally, we may, at our option, charge interest on any overdue amounts at a rate of the lesser of 1 1/2% per month or the highest rate allowed by applicable law from the date the amount first became due.
Overtime	If applicable, overtime will be billed at 1.50 times the normal billing rate. Federal law defines overtime as hours in excess of 40 hours per week, state laws vary.
Hiring the Person Referred to You	After you evaluate the performance and potential of our professional on the job, you may wish to employ this person directly. Our professionals represent our inventory of skilled employees and in the event you wish them converted to your employ or another employer to whom you refer them, you agree to pay a conversion fee. The conversion fee is payable if you hire our professional assigned to you, regardless of the employment classification, on either a full-time, temporary (including temporary assignments through another agency) or consulting basis within twelve months after the last day of the assignment. You also agree to pay a conversion fee if our professional assigned to you is hired by (i) a subsidiary or other related company or business as a result of your referral of our professional to that company or (ii) one of your customers as a result of our professional providing services to that customer. The conversion fee will equal 35% of the professional's aggregate annual compensation, including bonuses. The conversion fee, plus an administrative fee, will be owed and invoiced upon your hiring of our professional, and payment is due upon receipt of this invoice. The same calculation will be used if you convert our professional on a part-time basis using the full-time equivalent salary.
General Conditions	*Accountemps* may increase our rates provided under the Terms of Payment to reflect increases in our own costs of doing business, including costs associated with higher wages for workers and/or related tax, benefit and other costs. We will provide written or verbal notice of the increase in our rates. Any increase in our rates will be prospective, starting as of the effective date *Accountemps* specifies. Our professional is also assigned to you under the General Conditions of Assignment, a copy of which has been provided.

Job Order: 04630-105960 Date: 08-24-2012