

EMPLOYEE ACKNOWLEDGMENT FORM

This Employee Manual includes important information about the organization. I understand that I should consult my direct supervisor regarding any questions not answered in this manual. I have entered into my employment relationship with the organization voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or the organization can terminate the relationship at will, with or without cause at any time, so long as there is no violation of applicable Federal or State law.

Since the information, policies, and benefits described here are subject to change, I acknowledge that revisions to the manual may occur, excluding the institution's policy of employment-at-will. All changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies.

Furthermore, I acknowledge that this manual is neither a contract of employment nor a legal document. I have received the manual, and I understand that it is my responsibility to read and comply with the policies contained in this manual and any revisions made to it.

EMPLOYEE'S SIGNATURE

DATE

EMPLOYEE'S NAME (TYPED OR PRINTED)