




EMPLOYEE POLICY GUIDE ACKNOWLEDGEMENT FORM

THE EMPLOYEE POLICY GUIDE DESCRIBES IMPORTANT INFORMATION ABOUT MY EMPLOYMENT. I UNDERSTAND THAT I SHOULD CONSULT THE HUMAN RESOURCES OFFICE CONCERNING ANY QUESTIONS NOT ANSWERED IN THE POLICY GUIDE OR BY MY SUPERVISOR. I HAVE ENTERED INTO MY EMPLOYMENT RELATIONSHIP WITH THE UNDERSTANDING THAT I AM AN AT-WILL EMPLOYEE AND ACKNOWLEDGE THAT THERE IS NO SPECIFIC LENGTH OF EMPLOYMENT. ACCORDINGLY, EITHER I OR MY EMPLOYER, OR THOSE DESIGNATED BY MY EMPLOYER, CAN TERMINATE THE EMPLOYMENT 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 IN THE POLICY GUIDE ARE NECESSARILY SUBJECT TO CHANGE, I ACKNOWLEDGE THAT REVISIONS TO THE POLICY GUIDE AND BENEFITS MAY OCCUR, HOWEVER, THE POLICY OF AT-WILL EMPLOYMENT IS NOT SUBJECT TO CHANGE. CHANGES MAY BE COMMUNICATED THROUGH OFFICIAL NOTICES OR THROUGH OTHER MEANS, AND I UNDERSTAND THAT REVISED INFORMATION, POLICIES, BENEFITS, ETC, MAY SUPERSEDE, MODIFY, OR ELIMINATE EXISTING POLICIES AND BENEFITS. THE EDITION OF THE POLICY GUIDE THAT I HAVE RECEIVED SUPERSEDES ALL PREVIOUS GUIDE EDITIONS.

FURTHERMORE, I ACKNOWLEDGE THAT THE POLICY GUIDE RECEIVED BY ME IS NOT A CONTRACT FOR EMPLOYMENT. I HAVE RECEIVED THE POLICY GUIDE, INCLUDING THE DRUG AND ALCOHOL POLICY, AND I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO READ IT, AND I PROMISE TO DO SO, AND I PROMISE TO COMPLY WITH THE POLICIES CONTAINED IN THE POLICY GUIDE AND ANY REVISIONS MADE TO IT.

EMPLOYEE NAME:	FIRST NAME	LAST NAME	
 EMPLOYEE SIGNATURE	x		DATE