

## EMPLOYEE ACKNOWLEDGEMENT

**Employer: Complete information below and give to each staff member to read and sign.**

Employee's Name: \_\_\_\_\_

Please read, sign and return this form by (date) \_\_\_\_\_

The policies described in this manual will be effective (date) \_\_\_\_\_. If you have any questions, please let me know immediately.

Employer's signature \_\_\_\_\_ Date \_\_\_\_\_

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**Staff: Please read the following and place your signature below.**

I acknowledge that the policies and procedures described in the Personnel Policy Manual are not an expressed or implied contract of employment between the employer and the employee and should not be viewed as the basis of any contractual obligations of the employer.

I understand that I serve "at-will" and may terminate my employment at any time, with or without cause, and the employer has the right to terminate my employment at any time, with or without cause. Therefore, employment with the employer is not for a specified term and can be terminated "at-will" by either party. The "at-will" policy constitutes an integrated agreement with respect to the nature of the employment relationship that is final and fully binding. There are no other oral or collateral agreements regarding this issue. This employment policy includes all employees including those presently employed by the employer from the above effective date forward.

I have read, understand and agree to adhere to the policies in the Personnel Policy Manual and by continuing my employment, I confirm acceptance of these policies.

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

cc: *Employee's Personnel File*  
*Employee*