Policy Acknowledgement

I have received, read, and completely understand the contents of the complete office policy manual.

I acknowledge that it is my responsibility to ask questions about anything I do not understand.

I understand that it is my responsibility to abide by all company policies, rules, job duties, and job descriptions that have been provided to me and that the contents of each may be changed at any time, with or without notice.

I further understand and acknowledge that this manual provides policies, guidelines, and information but is not, nor is it intended to constitute, any employment contract or guarantee of any kind or a guarantee of any rights or benefits.

I understand that my employment can be terminated at the option of either the company or myself at any time, for any reason, or for no reason at all. I understand that the manual and this acknowledgment form do not vary or modify the at-will employment relationship between the company and myself.

Employee Signature Date

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Company Representative Date

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