

ACKNOWLEDGMENT OF RECEIPT OF EMPLOYEE HANDBOOK

I, _____ received my copy of the Practice's Employee Handbook. I understand that this handbook represents only current policies, regulations, and benefits, and that it does not create a contract of employment. The Practice retains the right to change these policies, regulations, and benefits at any time as it deems advisable. As a condition of continued employment, I agree and acknowledge that I understand and will abide by all the policies and procedures within, including, among other things:

	<u>Initials</u>
Drug and Alcohol Policy	_____
Equal Employment Opportunity Policy	_____
No Harassment Policy	_____
Grievance/Problem-Solving Procedure	_____
Electronic Communications Policy	_____
Pay Period and Pay Dates Policy	_____
Workforce Confidentiality	_____

I understand that I have the right to terminate my employment at any time, with or without cause, and that the Practice has a similar right. I also understand that my status as an at-will employee may not be changed except in writing signed by the partnership.

I have read and understand the PDO policy and that in certain circumstances outlined in the PDO policy, unused PDO and/ or PDO over the permitted limit, is forfeited at termination.

(Signed)

(Date)

After reading the Employee Manual and asking any questions, please sign the above form and return to the HR Department.