

**EMPLOYEE HANDBOOK RECEIPT**

I have read and understand the WOS Employee Handbook, which outlines the policies, rules and regulations related to my employment. I understand that it is my responsibility to read and become familiar with the contents of this handbook, and to abide by these policies, rules and regulations and with any revisions made thereafter.

I further understand that the Company reserves the right to amend, modify or delete any policy or provision in this handbook as may be necessary from time to time. I understand that neither this handbook nor any other verbal or written communication by a management representative is intended to in any way create an express or implied contract of employment or a contract of any kind. I also understand that any delay or failure by the Company to enforce any Company policy or rule will not constitute a waiver of the Company's right to do so in the future.

I understand that my employment is at will and can be terminated at any time, with or without cause or notice, at the option of either the Company or myself, subject to the terms of any applicable collective bargaining agreement. I further understand that no Supervisor or any management representative of WOS other than the Chairman has any authority to modify the Company's employment at will policy.

In addition, I understand that the Employee Handbook is the property of WOS. As such, it must be returned to my immediate Supervisor upon separation from employment. I further understand that I may not reproduce any part of this Handbook without the express written consent of an authorized Company representative.

I acknowledge that I have been given the opportunity to ask any questions concerning the Employee Handbook and this acknowledgment.

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Name

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Signature

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Date

The signed original copy of this receipt must be given to management - it will be filed in your personnel file.

**REVIEW OF WOS' POLICIES RECEIPT**

**WOS's Equal Employment Opportunity Policy**

**WOS's Non-Harassment Policy**

**WOS's Sexual Harassment Policy**

**WOS's Drug and Alcohol Free Workplace Policy**

**WOS's Conflict of Interest and Business Ethics Policy**

**WOS's Whistleblower Policy**

**WOS's FMLA Policy**

**I have read and understand the above listed WOS Policies**

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

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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