

**DISABILITY AND PREGNANCY ACCOMMODATIONS
ACKNOWLEDGMENT OF RECEIPT AND REVIEW**

I, _____, acknowledge that on _____, I received a copy of the Facility's Disability Accommodations Policy and Procedure and that I read it, understood it and agree to comply with it. I understand that the Facility has the maximum discretion permitted by law to interpret, administer, change, modify, or delete this policy at any time. No statement or representation by a supervisor or manager or any other representative of the Facility, whether oral or written, can supplement or modify this policy. Changes can only be made if approved in writing by the Compliance and Ethics Officer. I also understand that any delay or failure by the Facility to enforce any work policy or rule will not constitute a waiver of the Facility's right to do so in the future.

NAME

PRINTED NAME

DATE