

# HANDBOOK ACKNOWLEDGMENT

I hereby acknowledge that I have reviewed and understand all of the policies contained in the employee handbook. If not issued an individual copy (subject to return on separation of employment), I understand that a reference copy is available at my workplace and/or online, and I also may request a copy from ALTRES at any time during my employment.

To the extent not inconsistent with any applicable bargaining agreement, I understand that the employee handbook applies to me and that my failure to comply with any of my workplace employer's and/or ALTRES's rules, policies, or procedures may result in disciplinary action, up to and including dismissal. Furthermore, I hereby acknowledge and understand that, except where an applicable collective bargaining agreement may provide otherwise:

- My worksite employer is my employer.
- ALTRES is my administrative employer, and is my administrative employer of record for the purpose of complying with all laws relating to workers' compensation, unemployment compensation, temporary disability insurance, and prepaid health care coverage matters.
- As indicated by my signature on the separate Arbitration Agreement & Acknowledgment of Receipt of Arbitration Procedures, I am contractually bound by ALTRES's Arbitration Policy.
- I am an at-will employee and the policies contained in the employee handbook do not constitute an implied or express contract for continuing employment and do not alter the at-will employment relationship in any way. My employment with my workplace employer and/or ALTRES shall be of an indefinite duration with no fixed term.
- The employee handbook does not contain or make promises of specific treatment in specific situations, nor does the employee handbook create an atmosphere of job security.
- The employee handbook may be changed or superseded by ALTRES at any time, with or without prior notice.
- In the event that my employer provides paid leave benefits (such as vacation, sick leave, personal leave, PTO, severance pay, and so forth), my employer is solely responsible for providing, in accordance with my employer's policies, such benefits during employment and at the time of termination. To the extent paid leave benefits are paid through ALTRES's payroll to me, it is solely as a payroll service on behalf of my employer. Similarly, to the extent my employer provides other benefits pursuant to policies to which ALTRES is not a party (such as stock options, bonuses, profit sharing, retirement benefits, and so forth), my employer is solely responsible for providing such benefits as prescribed by those policies.
- In accordance with the Substance Abuse and Substance Abuse Testing Policy and pursuant to Haw. Rev. Stat. § 329B-6, I hereby consent to the release of any and all results from any and all substance abuse tests to ALTRES, my workplace employer, or other third-party administrator.

Handbook Version: \_\_\_\_\_ Additions: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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