**Employee Handbook Acknowledgment**

I acknowledge that I have received and reviewed the employee handbook. I understand and recognize that there may be changes to the information, policies, and benefits in the handbook. I understand that [Company Name] may add new policies to the handbook as well as replace, change, or cancel existing policies. I understand that I will be informed of handbook changes and that handbook changes can only be authorized by [Company Name] management.

I understand that I became an employee of [Company Name] voluntarily. I understand and acknowledge that there is no specified length to my employment, that this handbook does not create an express or implied contract of employment, and that my employment is at will. I understand and acknowledge that "at will" means that I may terminate my employment at any time, with or without cause or advance notice. I also understand and acknowledge that "at will" means that [Company Name] may terminate my employment at any time, with or without cause or advance notice..

I understand that it is my responsibility to read and comply with all policies included within the employee handbook. I further understand that I should consult my supervisor regarding any questions I may have.

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|  | **Employee Signature** | | | | | | |  |
|  |  | |  |  | | | |  |
|  | *Employee signature* | |  |  | *Date* | | |  |
|  |  | |  |  |  | | |  |
|  | *Printed Name* | |  |  | *Employer Representative* | | |  |