

## **Employee Acknowledgement of Handbook**

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 Hearts Of Compassion Community Services, LLC may add new policies to the handbook as well as replace, change, or cancel existing policies. I understand that I will be told about any handbook changes and I understand that handbook changes can only be authorized by Hearts Of Compassion Community Services, LLC management.

I understand that I became an employee of Hearts Of Compassion Community Services, LLC voluntarily. I understand and acknowledge that there is no specified length to my 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 Hearts Of Compassion Community Services, LLC may terminate my employment at any time, with or without cause or advance notice, as long as they do not violate federal or state laws.

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.

<b>Employee Signature</b>	
_____	_____
<i>Employee signature</i>	<i>Date</i>
_____	_____
<i>Printed Name</i>	<i>Employer Representative</i>