ACKNOWLEDGMENT

My signature below indicates that I have received a copy of [Organization Name]’s Policy Manual.

I acknowledge that I have read and understood the policies and procedures outlined within this manual.

I also understand that [Organization Name] may revise, supplement, or rescind policies, procedures or benefits described in the manual, with or without notice.

I further understand that this manual does not supersede any employment legislation and in the case of a conflict between a policy and the legislation, the legislation shall prevail.

I understand that I must contact my manager/supervisor if I have any questions or do not understand the contents of any of these policies as I am required to follow their guidelines.

Signed,

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

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

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