

## **EMPLOYEE ACKNOWLEDGMENT FORM**

I understand that the employee handbook describes important information about The Summit Health & Rehab Services, Inc., and that I should consult my direct supervisor regarding any questions not answered in the handbook. I acknowledge that this handbook is neither an implied or express contract of employment nor a legal document. I have received the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

I have entered into my employment relationship with The Summit voluntarily and acknowledge that there is no specified length of employment. Either I or The Summit can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Since the information and policies described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur, except to the policy of employment-at-will. All such changes will be communicated by The Summit through written notices, and I understand that revised information may replace, change or eliminate existing policies. This handbook is effective January 1, 2012 and rescinds prior handbooks.

EMPLOYEE NAME (PRINT): \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

EMPLOYEE KEY FACILITY: \_\_\_\_\_

DATE: \_\_\_\_\_