

Acceptance of Guidelines



To: Employee File

Subj: Acceptance of Employee Guidelines

In consideration of my employment, I agree to the rules and regulations of the Company, found in the Guidelines, as well as any other rules that may be written and distributed to me from time to time, posted on company property, or otherwise explained to me. I further understand that these policies are for informational and reference purposes only and are not intended to create, nor are they to be construed to constitute a contract of employment or to create any other contractual rights, expressed or implied. I understand that I, as well as all employees, have an at-will status and can be terminated at any time for any reason, with or without cause. It is also my understanding that no person associated with the Company has authority or power to enter into contract of employment. It is also my understanding that the Company reserves the right to modify, change, disregard, suspend or cancel at any time, without written or verbal notice to me, all or any port of the Guidelines' contents as circumstances may require.

By my signature, I certify that I understand the described policies and acknowledge that infraction of the policies, disregarding or refusal to abide by the policies, may result in discipline, up to and including termination.

Name (Print)

Signature

Date