



Handbook Acknowledgement

This Employment Handbook is an important document intended to help you become acquainted with **Bridgeway Home Healthcare Service**. This document is intended to provide guidelines and general descriptions only; it is not final word in all cases. Individual circumstances may call for individual attention.

Because the Company's operations may change, the content of this Handbook may be changed at any time, with or without notice. In an individual case or generally at the sole discretion of management. Please read the following statements and sign below to indicate your receipt and acknowledgement of this Employee Handbook.

- 1. I have received and understand it is my obligation to read a copy of Bridgeway Home Healthcare Service Employee Handbook. I understand that the policies, rules, and benefits described in it are subject to change at the sole discretion of the Company at any time**
- 2. I further understand that my employment is terminable at will, either by myself or the Company, with or without cause or notice, regardless of the length of my employment or the granting of benefit of any kind.**
- 3. I understand that no contract of employment other than "at will" has been expressed or implied, and that no circumstances arising out of my employment will alter my "at will" status except in an individual case or generally in writing signed by the Administrator of the Company**
- 4. I understand that my signature below indicates that I have read and understand the above statements and that I have received a copy of the Company's Employee Handbook.**

Employees Printed Name: _____

Employees Signature: _____

Today's Date: _____

The signed original copy of this acknowledgement will be filed in your personnel file.

Date of last policy review: 04/23/24

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