**(Organization Name)**

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# POLICY Receipt Acknowledgment Form

As an employee of **[Organization Name]**, I acknowledge the following:

I have been **[provided a copy of, given access to]** the **[Policy Title]**. I understand that the Policy contains important information. I have both read and understood the information in the Policy and have asked a **[Manager, Human Resources]** for the clarification of any information I did not understand.

I acknowledge the Policy is neither a contract of employment nor a guarantee of specific treatment in any situation; that the organization has the right to change, modify, add to, substitute, eliminate, interpret, and apply, in its sole judgment and in accordance with the law this policy. I understand this Policy supersedes all prior policies, and understandings related to the subjects it contains.

The **[President, a designee]** are the only persons authorized to make changes to the Policy and all such changes must be in writing to be valid. Any changes to the content will be communicated to employees via official notices.

**I understand that, unless stated otherwise in an employment contract, my employment relationship with the organization is “at-will” and either the organization or I can end the relationship at any time, with or without reason or notice.** The **[Owner, President]** is the only person who has the authority to enter into an employment contract, which must be in writing and signed by both parties to be valid.

I also acknowledge that before signing this form, I asked for and received clarification on any of the items discussed above that I did not understand.

Employee Signature Date

Print Employee's Name

***NOTE: This signed form should be inserted into each employee’s personnel file.***