

Procedure Title:

**EMPLOYEE ACKNOWLEDGEMENT
FORM**

PROCEDURE NUMBER:

Policy Title:

Effective Date:

2/1/2003

Revision Date:

1/15/2003

**APPLIES TO:**

- Chapter 2380 – Adult Training Facilities
- Chapter 2390 – Vocational Facilities
- Chapter 3800 – Child Residential and Day Treatment Facilities
- Chapter 6400 – Community Homes For Individuals With Mental Retardation
- Chapter 6500 – Family Living Homes
- Supported Living Program

Procedure:

The Employee Handbook describes important information about Keystone. I understand that I should consult the Human Resources Department if I have any questions that are not answered in the Handbook.

I became an employee of Keystone voluntarily. I understand and acknowledge that there is no specified length to my employment at Keystone and that my employment is at will. I understand and acknowledge that “at will” means that I may terminate my employment at any time, with or without cause of advance notice. I also understand and acknowledge that “at will” means that Keystone may terminate my employment at any time, with or without cause or advance notice, as long as they do not violate federal or state laws.

I understand and acknowledge that there may be changes to the information, policies and benefits in the Handbook. The only exception is that Keystone will not change or cancel its employment-at-will policy. I understand that Keystone may add new policies to the Handbook as well as replace, change, or cancel existing policies. I understand that I will be told about any Handbook changes and I understand that Handbook changes can only be authorized by the Chief Executive Officer (or his/her designee) of Keystone.

I understand and acknowledge that this Handbook is not a contract of employment or a legal document. I have received the Handbook and I understand that it is my responsibility to read and follow the policies contained in this Handbook and any changes made to it.

EMPLOYEE'S NAME (printed)_____

EMPLOYEE'S SIGNATURE:_____

DATE: _____