



EMPLOYEE HANDBOOK ACKNOWLEDGEMENT

I acknowledge having received and read the Skipstone Healthcare Staffing Employee Handbook and agree to adhere to the standards, terms and conditions, policies and procedures, herein, as a condition of my employment. I understand that it is my responsibility to request clarification regarding the information I have been provided and that at any time the information in this handbook is subject to change without notice.

I understand my employment is at will and may be terminated with or without cause or notice at any time either by Skipstone Healthcare Staffing or myself. I agree that if I terminate my employment while I am on an assignment that I will be responsible for my own transportation and housing immediately from the time of termination.

I understand I will be compensated on an hourly basis by submitting a completed, signed, client approved, timesheet for each week of completed assigned work. I understand all compensation shall be subject to State and Federal withholdings, other taxes and deductions required by law, other deductions, and that my hourly compensation rate may be subject to change relative to market conditions.

I understand my responsibility to maintain safety in the workplace as put forth in the Safety Practices and Procedures Policy section of the Handbook; and understand the appropriate protocols I should take in the event I should endure an injury while on a Skipstone Healthcare Staffing assignment.

I understand the Harassment Policy as well as the Drug and Alcohol Policy as addressed in the Employee Handbook.

I agree to abide by all terms and conditions put forth in the Employee Handbook and acknowledge that failure to do so may result in disciplinary action up to and including termination.

Employee Signature: _____ **Date:** _____

Printed Name: _____