



ACKNOWLEDGEMENT OF EMPLOYEE HANDBOOK

I acknowledge my receipt of the Health Hybrid Inc. (HHI) Employee Handbook. I understand the Employee Handbook is intended to provide information regarding HHI employment policies and procedures. I understand the Handbook's policies and procedures it contains are subject to change at any time, with or without notice, at HHI sole and absolute discretion.

This Handbook does not constitute a contract or obligation on the part of HHI, and does not guarantee my employment for any specific duration. I understand that the employment relationship between HHI and me is employment-at-will, and that both parties remain free to end the employee/employer relationship at any time, for any reason, with or without notice. Only the President, Vice President, and manager has authority to make any promise or commitment contrary to the foregoing, or to enter into any agreement with me for employment for any specified duration. Any such agreement entered into by the President, Vice President, and manager must be in writing.

The topics covered in this handbook include:

- Mission Statement
- Purpose of Handbook
- Equal Opportunity Statement
- Employment Relationship
- Scheduling Work Hours
- Notice of Termination
- Orientations
- Anti-Harassment Policy
- Workplace Protection
- Personal Information / Personnel Records
- Safety
- Smoking
- Employment of Relatives
- Confidential Information
- Personal Conduct
- Attendance / Tardiness
- Disciplinary Procedure
- Family and Medical Leave
- Handbook Updates / Employee Access to
- Your Benefits
- Alcohol and Drug Free Workplace Policy
- Workplace Injuries

I have read and understand the above statements, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it (updated employee handbooks can be viewed and / or downloaded at www.healthhybrid.com).

In addition to the handbook, I acknowledge the following attendance policy. I am aware that if I have an unexcused absence during the first 100 hours or 90 days of employment, whichever is greater, it can and will be grounds for termination. I understand that unexcused absences are those that arise for any reason other than illness or the death of an immediate family member. I also understand that in those cases in which I do call in as a result of illness, I must provide documentation from a Doctor to make the absence (s) excuse and that if such emergencies arise I must arrange for alternate transportation. As long as I make it to the assignment before the shift is half over the absence will be excused only at the discretion of above listed administration.

Employee Name Print _____ Date _____

Employee Signature _____