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### **Employee Handbook Acknowledgment Form**

I, \_\_\_\_\_, hereby acknowledge that I have been provided access to and information about provide a summary of **Family Medical Associates, PC** Guidelines, Programs, Procedures, and Policies, and I can access these documents in their entirety on the company shared drive, available through the link provided. I understand that a printed copy of the Handbook will be made available to me at no cost upon my request, and a copy of the Handbook is maintained at the office for my review. I understand that when changes are made to these policies, guidelines, forms, and other documents, I generally will be notified. However, I acknowledge that I should always check for updates on the company notice board or the Handbook to ensure I review the latest version.

I acknowledge that I have read **Family Medical Associates, PC** policies and understand all its terms and conditions. I further acknowledge that all documents, materials, tools, equipment, and supplies used during **Family Medical Associates, PC's** business is the property of **Family Medical Associates, PC**.

NONE OF THESE POLICIES, GUIDELINES, FORMS, OR OTHER DOCUMENTS IS AN IMPLIED OR EXPRESS CONTRACT OR CONTRACT OF EMPLOYMENT, AND NONE IMPACTS MY STATUS AS AN "AT-WILL" EMPLOYEE. BEING AN "AT-WILL" EMPLOYEE MEANS THAT EITHER I MAY RESIGN OR THE COMPANY MAY TERMINATE MY EMPLOYMENT, AT ANY TIME, FOR ANY REASON OR FOR NO REASON, WITH OR WITHOUT PRIOR NOTICE. THESE POLICIES, GUIDELINES, FORMS, AND OTHER DOCUMENTS ARE ONLY GUIDELINES THAT THE COMPANY MAY MODIFY, CHANGE OR ALTER AT ANY TIME IN ITS SOLE DISCRETION.

MY SIGNATURE BELOW ACKNOWLEDGES MY (I) AGREEMENT TO ABIDE BY THE COMPANY'S EMPLOYEE MANUAL, POLICIES, AND GUIDELINES AND (II) UNDERSTANDING THAT THE COMPANY'S POLICIES, GUIDELINES, FORMS, AND OTHER DOCUMENTS ARE MAINTAINED IN ELECTRONIC FORMAT ON THE COMPANY'S SHARED DRIVE, AND A COPY IS ACCESSIBLE AT THE LOCATION.

Find all the documents at: **[PROVIDE LINK]**

\_\_\_\_\_  
**Employee signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name**