

EMPLOYEE ACKNOWLEDGMENT FORM

I understand that this employee handbook describes important information about ConTemporary Nursing Solutions, Inc. (CTS) and that I should consult my supervisor, Director of Nursing, or CTS President regarding any questions not answered in this handbook.

I understand that the copy of the handbook I receive as noted on the date below supersedes all other employee handbooks or employment policies and practices that may have been in use prior to this edition. Since provisions of this handbook are subject to change, I further understand that revisions to it may supersede or eliminate one or more existing policies and/or benefits and that all such changes will be communicated through official notices.

Unless I have an individual written employment contract, I understand that my employment relationship with CTS is voluntarily entered into, that I may terminate, my employment at any time I believe such action to be appropriate and that the Company retains the same right to terminate my employment when it believes such action to be appropriate, with or without cause or notice.

I acknowledge that this handbook is neither a contract of employment nor a legal document. I have received, read, and understand the policies contained in this handbook and will read any revisions made to it in the future.

Payroll Review _____
Workman's Compensation _____
Scheduling and Cancellations _____
Do Not Return Policy _____
Floating _____
Benefits _____
Harassment Reporting _____
Background/Drug Screens _____
Drugs and Alcohol _____
Disciplinary Action _____

Signature: _____ Date: _____

Print Name: _____

