ACKNOWLEDGMENT OF RECEIPT

I hereby acknowledge receipt of University Hospital’s Employee Handbook, and further acknowledge that it is my responsibility to read and understand its contents. I understand this handbook is intended as a general source of information and nothing contained in this handbook constitutes a contractual agreement between me and the Hospital. I further understand that, University Hospital reserves the right to change, rescind or add to its policies, benefits and/or practices at any time without prior notice.

Name (Please Print Name): ________________________________

Employee I.D. #: A ________________________________

Employee Signature: ________________________________

Supervisor or Human Resources Representative: ________________________________

Date: _____________________