



POLICY MANUAL ACKNOWLEDGEMENT

I hereby acknowledge I have been made aware that the Human Resources Policy Manual is available on the Medical Center's Intranet website and I have been instructed as how to access this site. I understand that I am responsible for reviewing these policies and will become familiar with all of the policies which relate to my employment and will refer to these policies as needed. Should I have difficulty in retrieving any or all of the policies found on the Firelands Intranet, I will contact the Human Resources Department or my direct supervisor and request assistance.

I understand that my employment is "at-will," and, therefore, just as I may terminate my employment relationship with Firelands Regional Medical Center at any time for any reason, Firelands reserves the right to terminate my employment within its sole discretion, in accordance with applicable laws. Absolutely no one except the President and Chief Executive Officer may change this relationship, and then only in writing.

I also understand that the policies and rules contained in the Human Resources Policy Manual are subject to change from time to time and that the manual is not intended to be, nor should it be regarded as an employment contract. I recognize that Firelands may add to, delete, and/or revise policies. I also understand that should a conflict with a policy arise, Management has the right to interpret these policies as it deems appropriate for the operation of Firelands Regional Medical Center.

By my signature below (or my electronic signature), I hereby authorize Firelands Regional Medical Center to deduct and/or withhold from my final paycheck any amounts owed by me for any failures to return organization property (e.g., tools, equipment, uniforms, pages, keys, etc.) and/or to satisfy financial obligations to the organization occurring prior to or on my final day of work, to the extent allowed by state law.

Employee name (PRINTED)

Employee #

Employee Signature

Date