

EMPLOYEE HANDBOOK - ACKNOWLEDGEMENT FORM

CDS Family & Behavioral Health Services, Inc.

I received my copy of the Employee Handbook (*Revised 10/1/20*) containing the CDS policies and procedures, which I have reviewed and understand. I also have been given an opportunity to ask questions I may have concerning any of the policies in this handbook. I agree as a condition of employment to follow the policies in this handbook, and if there is at any time something I do not understand, I agree to ask my supervisor. Employees agree, by signing the acknowledgment provision verifying agreement to this handbook, that CDS may conduct occasional criminal, employment, driving and educational backgrounds on employees as it deems necessary to conduct its operation in appropriate and legal manner. CDS reserves the right to take any and all action it deems necessary to act upon the results of such ongoing screening. I understand that the handbook does not provide any contractual rights or guarantees of employment and that my employment is for no definite duration. I further acknowledge that this understanding cannot be modified except by written agreement signed by the Chief Executive Officer and the President of the Board of Directors. I understand that CDS's policies and benefits may be changed from time to time at its discretion without notice. I will keep my handbook for future reference and understand that this signed statement will be a permanent record in my personnel file. Furthermore, this is to verify that I attended an orientation session on the date entered below which covered all sections.

Employee Name: (Print) _____

Employee Signature: _____ Date: _____

Witness Name: (Print) _____

Witness Signature: _____ Date: _____

In Case of Emergency Please Notify (Print)

Name: _____ Relationship: _____

Address: _____

Work Phone: _____ Home/Cell Phone _____

Name: _____ Relationship: _____

Address: _____

Work Phone: _____ Home/Cell Phone _____