

**EMPLOYEE HANDBOOK AT-WILL AND ACKNOWLEDGMENT FORM**

I have received and read a copy of the Employee Handbook of EmPower Nursing (“Company”). In particular, I have read the policy on Unlawful Harassment as well as the Drug Screening policy. I agree to abide by these policies, as well as the other policies contained in the Handbook.

I understand and agree that my employment is at-will. This means that either the Company or I may terminate the employment relationship at any time, with or without cause or advance notice. I understand that only an Officer of the Company may change this at-will employment relationship, and then only if it is in writing. I agree that the Company may change, delete or add to any policies, benefits or practices described in the Employee Handbook from time to time at its discretion with or without prior notice, except for its policy of at-will employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_