

## ASHLAND CHILDCARE CENTER, LLC EMPLOYEE ACKNOWLEDGEMENT FORM

I understand that policies, guidelines, and instructions in the Employee Handbook describe important information regarding ASHLAND CHILDCARE CENTER, LLC (hereinafter referred to as “Center”). If at any time I have questions regarding the information found within the Employee Handbook, I should consult a member of the Leadership Team.

I further understand and acknowledge acceptance of any alterations, changes, updates, and/or amendments of the Employee Handbook, and/or any supplementary documents, effective immediately upon receipt and/or publication to an area reasonably accessible by employee.

My relationship with the Center is voluntarily entered into and is subject to termination by me or Center at will, with or without cause, at any time that either the Center or I believe such action is appropriate. Such termination shall be subject to all the policies of Center.

I acknowledge that I have received, read and understand the policies contained in the Employee Handbook. I further agree to comply with these policies.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Leadership Team Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Sign and Return to office*