

**ACKNOWLEDGMENT OF RECEIPT OF
EMPLOYEE HANDBOOK**

I, _____, hereby acknowledge that I have received the Adventist Health Employee Handbook, which contains many of the policies, procedures, rules and regulations (“Policies”) to which I will be subject. I further acknowledge that this Handbook supersedes and replaces all prior handbooks and any inconsistent Policies or practices. I also understand that it is the intent of the Handbook to give me some idea as to the Policies to which I will be subject and that it is not a complete manual. Except as provided in this Acknowledgement, I realize the Policies, including those relating to compensation and benefits, may change from time to time.

I also understand and agree that the employment relationship is completely voluntary and may be terminated by either party, at any time, with or without notice or cause. Finally, I recognize that there are no other oral or collateral agreements pertaining to this issue, and that no representative of Adventist Health, other than its President, has the authority to enter into an express or implied contract regarding the duration of employment other than as set forth in this Handbook, and that contract must be in writing.

In the event that I am dissatisfied or disagree with any action or failure to act by Adventist Health or its agents, I agree to submit the matter to the Grievance and Arbitration Procedures in effect at the time, which are contained in the Employee Handbook, for final and binding resolution.

Employee Signature

Date

Employee Name (Please print)