

**CENTRAL FLORIDA CROSS NETWORK
EMPLOYMENT POLICY MANUAL**

Acknowledgement

I have reviewed the employee handbook, and have read or had it read to me carefully. I further understand all matters set forth in the employee handbook and agree to abide by and adhere to these policies during my employment with CFLCN, as they may be modified from time to time. I further understand and agree that any provision of the employee handbook may be amended, revised, or eliminated at any time by CFLCN.

I understand that my employment with CFLCN is not for a specified length of time. Rather, I understand and agree that my employment is terminable at will so that both CFLCN and I remain free to choose to end our work relationship at any time, with or without cause. Likewise, I understand and acknowledge that nothing in the CFLCN employee handbook in any way creates an express or implied contract of employment between CFLCN and me.

I understand that it is my responsibility to maintain and keep my handbook updated as new policies are created and distributed and/or policies are deleted or changed.

I hereby acknowledge receipt of the Employee Handbook.

Print Employee's Name _____

Employee's Signature _____

Date _____