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**Acknowledgment Of Receipt Of The Safety Policy  
And The Employee Handbook**

I have read the safety policy and agree to abide by all of these rules. I understand if I violate any of the safety rules, I will be subject to disciplinary action, including possible termination.

I also acknowledge that I have received my copy of the Employee Handbook for RPM & Associates, Inc., and that I will familiarize myself with its contents. I understand that this Handbook represents only current policies, regulations and benefits, and that it does not create a contract of employment. Except as set forth below, RPM & Associates, Inc. retains the right to change these policies, regulations, and benefits, as it deems advisable.

**I UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE, AND THAT RPM & ASSOCIATES, INC. HAS A SIMILAR RIGHT. I FURTHER UNDERSTAND THAT MY STATUS AS AN "AT WILL EMPLOYEE" MAY NOT BE CHANGED EXCEPT IN WRITING, SIGNED BY THE PRESIDENT OF THE COMPANY.**

**PRINT FULL NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SUPERINTENDENT THAT REVIEWED MANUAL AND SAFETY POLICY WITH  
EMPLOYEE:**

\_\_\_\_\_  
**Superintendent – Print Name**

\_\_\_\_\_  
**Superintendent - Signature**

**DATE:** \_\_\_\_\_