RECORD OF RECEIPT OF EMPLOYEE HANDBOOK

(Please use ink pen.)

I,, acknowledge receiving to Clinic, LLP (Clinic) employee Policies and Procedures Handbock clearly understand that this policy handbook does not create a content of the clinic in the content of the clinic in the clini	` 1 5
Clinic, and that the Clinic may change or modify the policies a any time, with or without prior notice. I have read and understo	±
Employee Handbook, and agree to be bound by the Clinic's rules and regulations during my employment with the Clinic. I understand that violating the policies and rules set out in this	
handbook may lead to disciplinary action, up to and including	discharge from employment.
Employee Signature	 Date