DAVID MEMMOLI, P.C.

2649 Wigwam Pkwy Suite 101

Henderson, NV 89074

702-822-1881

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**RECEIPT OF EMPLOYEE MANUAL**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

My signature below indicates that I have received a copy of the Company's *Employee Manual*.

I understand that this manual contains information regarding the Company's benefits, rules, regulations, policies, and procedures which affect me as an employee. As such, I have read and understood all of the content contained within the manual. Any content I have found unclear, I have proactively asked a supervisor to clarify, and that clarification has been made to my satisfaction.

I also understand that the Company may revise, supplement or rescind any policies or procedures or benefits described in the manual, with or without notice, and it is my responsibility to maintain current awareness of changes to company benefits, policies, and procedures upon being notified by my supervisor.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_