**At-Will Employment Policy Statement**

Your employment with [employer name] is at will. This means your employment is for an indefinite period of time and it is subject to termination by you or [employer name], with or without cause, with or without notice, and at any time. Nothing in this policy or any other policy of [employer name] shall be interpreted to be in conflict with or to eliminate or modify in any way, the at-will employment status of [employer name] employees.

The at-will employment status of an employee of [employer name] may be modified only in a written employment agreement with that employee which is signed by the President, or the Chairman of the Board of Directors, of [employer name].

By your signature below, you acknowledge your understanding that your employment with [employer name] is at will, and that nothing in this handbook is intended to constitute a contract of employment, express or implied.

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Employee Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date