

EMPLOYEE ACKNOWLEDGMENT FORM

I have received and read G.A.T.E.S. 2 Education Employee Policy and Procedures Handbook.

I expect to be guided by the rules and policies contained therein. I further understand and agree that my employment with G.A.T.E.S. 2 Education is at will and may be terminated by the Director of G.A.T.E.S. 2 Education at any time for any reason or without reason.

I understand that nothing in the Personnel Policies and Procedures handbook or in any oral statement or representation by any employee or representative of G.A.T.E.S. 2 Education shall be deemed to create a contract of employment or any other modification of the at-will employment relationship.

I also understand that any or all of the provisions contained in the Employee Policy and Procedures Handbook may be modified, amended, or eliminated by G.A.T.E.S. 2 Education at any time with or without notice.

Employee Signature

Date

Center Director Signature

Date