

Receipt of Employee Handbook



I have received a copy of the 2025 Living Well Disability Services Employee Handbook.

The Handbook contains policies, practices, and regulations, including the Company's Employment At-Will Policy, all of which I have read, understand, and agree to comply with during my employment with Living Well Disability Services.

I understand that Living Well Disability Services reserves the right to change its policies, practices, and regulations at any time, with or without advance notice. I understand that I will be responsible for complying with future changes in such policies, practices and regulations communicated to employees from time to time, whether or not I have signed an acknowledgment of such changes. I understand this is not an employment agreement between Living Well Disability Services and me, and that I may terminate or be terminated from employment at any time for any reason, with or without advance notice.

Signature:

Date: