BEACON SPECIALIZED LIVING EMPLOYEE HANDBOOK ACKNOWLEDGEMENT

I acknowledge that I have received and read the Beacon Specialized Living Employee Handbook.

I understand the policies and procedures that govern my employment with Beacon/Owakihi and agree to comply with these policies and procedures.

I understand that the policies and procedures may be changed or terminated at any time with or without notice. I understand that this Employee Handbook supersedes and replaces any and all previous manuals, handbooks and other policies from Beacon.

I agree to keep the Employee Handbook in my possession during employment with Beacon and to update it when provided with the materials to do so.

I understand that no provision in the Employee Handbook is intended to create any type of employment contract. It is merely descriptive of the current policies and procedures of Beacon.

I understand that each Employee Handbook is the property of Beacon and that copying any section of the Employee Handbook, without management approval, is against Beacon policy.

Barb Turner
Employee Name (Please Print)

Barb Turner
Employee Signature

12-4-19
Date

Signed Employee Handbook Acknowledgement to be placed in employee personnel file.