

JOB DESCRIPTION - Receipt & Acknowledgement

This document shall attest to the fact that I have received the Franciscan St. Elizabeth Health job description for the position of _____.

I understand that I am expected to fulfill the functions and responsibilities of this job description in accordance with the performance requirements stated in the description. I also understand that this job description may be added to, amended or rescinded by the Hospital at any time. Additionally, I understand that this job description is provided for informational purposes and is neither an implicit or explicit agreement of employment or continuing employment.

I understand that after I have read and signed this statement, it will be placed in my personnel file.

EMPLOYEE HANDBOOK - Receipt & Acknowledgement

Pledge to Read- I hereby acknowledge that I will read the Western Indiana Region FSEH employee handbook and will become familiar with its contents.

Locations of the Handbook - I acknowledge that I received a printed copy of the Western Indiana Region FSEH employee handbook. Also, I have been informed that the handbook is available via a printed copy from Human Resources or on the Franciscan St. Elizabeth Health Intranet

Notification of Future Changes - It is my responsibility to read and comply with the policies and procedures contained in the handbook. I understand that the policies and procedures contained in the handbook may change without prior notice. I understand that efforts will be made to communicate significant changes in a timely manner and that such revisions may supersede, modify, or eliminate existing policies, procedures, and benefits. The handbook may be reprinted from time to time, and I will be notified that a printed copy will be made available to me, without the need to sign this form again.

No Contract Implied & Rights of Employment Termination- I acknowledge that the Western Indiana Region FSEH Employee Handbook is not a contract of employment. I further understand that either Franciscan St. Elizabeth Health or I can terminate the employment relationship at any time provided no violation of applicable federal or state law exists.

Authority of the Handbook- I understand that the handbook is not a legal document. I understand I should consult my supervisor or Human Resources regarding any questions not answered in the handbook.

NAME – PLEASE PRINT _____

SIGNATURE _____

DATE _____