## **Becky Dorner & Associates Consulting Employee Handbook**

## Nutrition Consulting Services, Inc. dba Becky Dorner & Associates Consulting

## **Employee Handbook**

## RECEIPT AND ACKNOWLEDGMENT FORM

l,	(employee name), acknowledge that on
(0	date), I received a copy Becky Dorner & Associates Consulting's
("BDAC") Handbook ("Har	ndbook") and that I read it, understood it and agree to comply with it.
I understand that BDAC h	as the maximum discretion permitted by law to interpret, administer,
change, modify or delete	the rules, regulations, procedures and benefits contained in the
Handbook at any time with	n or without notice. No statement or representation by a supervisor or
•	mployee, whether oral or written, can supplement or modify this
•	only be made if approved in writing by the President of BDAC. I also
_	ay or failure by BDAC to enforce any rule, regulation, procedure
•	will not constitute a waiver of BDAC's right to do so in the future.
I understand that neither	this Handbook nor any other communication by a management
	r employee, whether oral or written, is intended in any way to create a
•	I understand that, unless I have a written employment agreement
• •	BDAC representative, I am employed at will and this policy does
• •	ployment status. If I have a written employment agreement signed
	representative and this Handbook conflicts with the terms of my
•	understand that the terms of my employment agreement will control.
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Also, should I ever leave	employment with BDAC, I agree to return all BDAC property in my
possession.	
Date	Employee Signature
	Employee Printed Name