

EMPLOYEE ACKNOWLEDGEMENT FORM

Copy No. _____

The employee handbook describes important information about FMC, and I understand that I should consult the President regarding any questions not answered in the handbook. I have entered into my employment relationship with FMC voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or FMC can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur, except to FMC's policy of employment-at-will. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the President of FMC has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I have received the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

EMPLOYEE'S NAME (printed): _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____

(Revisions dated: 02.02.2016)

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