

**K’ima:w Medical Center**

**Personnel Practices Manual Receipt**

I have received my copy of the K’ima:w Medical Center Personnel Practices Manual. I understand and agree that it is my responsibility to read and familiarize myself with and follow the policies and procedures contained in this manual.

Since the information, policies, and benefits described in this booklet are subject to change, I understand and agree that any such changes can be made unilaterally by the medical center in its sole and absolute discretion, and that changes will be made known to employees through the usual channels of communication within a reasonable period.

I also understand that this personnel practices manual supersedes all prior agreements, understandings and representations concerning my employment with K’ima:w Medical Center.

Employee Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KMC:7/98