



***EMPLOYEE HANDBOOK  
ACKNOWLEDGEMENT OF RECEIPT***

**I HAVE ACCESSED THE EMPLOYEE HANDBOOK DATED APRIL 1, 2017. I UNDERSTAND THAT I AM TO BECOME FAMILIAR WITH ITS CONTENTS. FURTHER, I UNDERSTAND:**

- **EMPLOYMENT WITH UNIVERSITY OF COLORADO MEDICINE IS AT-WILL. I HAVE THE RIGHT TO END MY WORK RELATIONSHIP WITH THE ORGANIZATION, WITH OR WITHOUT ADVANCE NOTICE, FOR ANY REASON. THE ORGANIZATION HAS THE SAME RIGHT.**
- **THE LANGUAGE USED IN THIS HANDBOOK AND ANY VERBAL STATEMENTS OF MANAGEMENT ARE NOT INTENDED TO CONSTITUTE A CONTRACT OF EMPLOYMENT, EITHER EXPRESS OR IMPLIED, NOR ARE THEY A GUARANTEE OF EMPLOYMENT FOR A SPECIFIC DURATION.**
- **THE HANDBOOK IS NOT ALL INCLUSIVE, BUT IS INTENDED TO PROVIDE ME WITH A SUMMARY OF SOME OF THE ORGANIZATION'S GUIDELINES.**
- **THIS EDITION REPLACES ALL PREVIOUSLY ISSUED HANDBOOKS. THE NEED MAY ARISE TO CHANGE THE GUIDELINES DESCRIBED IN THE HANDBOOK, EXCEPT FOR THE AT-WILL NATURE OF EMPLOYMENT. THE ORGANIZATION THEREFORE RESERVES THE RIGHT TO INTERPRET THEM OR TO CHANGE THEM WITHOUT PRIOR NOTICE.**
- **NO REPRESENTATIVE OF UNIVERSITY OF COLORADO MEDICINE, OTHER THAN THE CHIEF OPERATING OFFICER AND/OR THE EXECUTIVE DIRECTOR OF THE ORGANIZATION, HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE CHIEF OPERATING OFFICER AND/OR THE EXECUTIVE DIRECTOR AND THE EMPLOYEE. WE HAVE NOT ENTERED INTO SUCH AN AGREEMENT.**

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**EMPLOYEE NAME (PLEASE PRINT)**

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**EMPLOYEE SIGNATURE**

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**DATE**