



Employee Handbook Acknowledgement, Receipt and Acceptance

I hereby acknowledge receipt of the Friends of Switchpoint Employee Handbook. I understand that the employee handbook contains policies, procedures and rules that apply to me, as a Switchpoint employee, and it is my continuing responsibility to read and know its contents.

I also understand that this employee handbook is not an employment contract, and that it may be amended at any time. In that event, changes will be communicated to me.

Initial each document item below:

- _____ Acknowledgement and Receipt of Employee Handbook
- _____ Employee Substance Use + Drug & Alcohol Testing Safety Policy
- _____ Optional: Vehicle Driver Agreement
- _____ Optional: Credit Card User Agreement

Please understand that Switchpoint is an at-will employer. This means that either you or Switchpoint are free to end the employment relationship at any time, with or without notice or cause. Nothing in Switchpoint policies and procedures, either now or in the future, are intended to change the at-will nature of this relationship.

I have read, understand, and agree to all of the above. I have also read and understand the Switchpoint Employee handbook and agree to follow it.

Employee Signature: _____

Date: _____

Print Name: _____

CONFIDENTIALITY POLICY AND PLEDGE

Any information that an employee learns about Switchpoint, or its clients, or employees, or donors, or volunteers, as a result of working for Switchpoint, that is not otherwise publicly available, constitutes confidential information. Employees may not disclose confidential information to anyone who is not employed by Switchpoint or to other persons employed by Switchpoint who do not need to know such information to assist in rendering services.

The disclosure, distribution, electronic transmission or copying of Switchpoint's confidential information is prohibited. Any employee who discloses confidential Switchpoint information will be subject to disciplinary action (including separation), even if he or she does not actually benefit from the disclosure of such information.

I understand the above policy and pledge not to disclose confidential information.

Employee Signature: _____

Date: _____

Print Name: _____

Witness Signature: _____

Date: _____