



**ACKNOWLEDGEMENT OF POLICY & PROCEDURES MANUAL,  
HANDBOOK AND JOB DESCRIPTION**

I acknowledge receipt of a copy of the Southern Healthcare Agency’s (SHA) Employee Handbook and my job description, and have reviewed SHA’s Policy and Procedure Manual, Employee Handbook, Training Manual, and my job description. I understand that SHA has the right, at any time, and for any reason, to make changes in all employment policies, instructions and procedures with or without notice and with retroactive effect. I further understand and agree that my employment is not for any specific term or period of time and that SHA may take any action concerning my employment, including termination of my employment, with or without cause, without notice and without further obligation to me, all at the sole and absolute discretion and will of SHA.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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**SERVICE AGREEMENT**

I understand that this is a fee-paid agency (the Client pays the fee). However, should the Client refuse to pay after requesting the services from SHA, I will have the option of quitting the job or paying the Client’s fee (10% of the annual salary). Also,

- \* I will not accept a job offered by any Client of SHA where I have worked a prior assignment on behalf of SHA within a six (6) month period from the date of my last assignment unless arranged by Southern Healthcare Agency, Inc.
- \* I will not accept a job offer that I have received due to any type of introduction or interview arranged through SHA within a six (6) month period from the date of introduction or interview with the Client unless arranged by SHA.

The penalty for these circumstances is a fee of 10% of your annual salary to SHA.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date