Employe	e Emergency Contact
Hospital of Choice	
Emergency Contact Name	Phone Number
Primary Physician	
	on For Paycheck Pickup zed to take delivery of my paycheck:
	umber Release Policy distribute, publish, or release the following designated
	nally for the purpose of distribution to other ReliaCare Ager, Inc. harmless from any results due to other employees ac
Employee Acknowledge	ment Of Receipt Of And Agree
	ment Of Receipt Of And Agreer Of The Employee Handbook
With The Policies  I hereby acknowledge receipt of and agree	ment Of Receipt Of And Agreer Of The Employee Handbook with all of the policies of the Employee Handbook available.
With The Policies  I hereby acknowledge receipt of and agree the company website  I understand and agree that this Handbook policies and/or statements of the Agency. A conditions of employment but do not constit myself. Nothing in this Handbook is intended Agency and any of its employees. I also under the policies.	Of The Employee Handbook
With The Policies  I hereby acknowledge receipt of and agree the company website  I understand and agree that this Handbook policies and/or statements of the Agency. A conditions of employment but do not constit myself. Nothing in this Handbook is intended Agency and any of its employees. I also undelete, or amend the Agency policies and by	with all of the policies of the Employee Handbook supersedes and replaces any prior and contemp Also, I know that the policies and benefits describitute an express or implied contract between the Aled to, nor shall it, create any contractual relations and estand that the Agency reserves the unilateral

Signed Dated

I understand that upon termination a written exit interview will be conducted before my final

paycheck will be release.