

SOUTH FORK PHYSICAL THERAPY
EMPLOYEE HANDBOOK RECEIPT AND ACCEPTANCE

I hereby acknowledge receipt of the South Fork Physical Therapy Employee Handbook. I understand that it is my continuing responsibility to read and know its contents. I also understand and agree that the Employee Handbook is not an employment contract for any specific period of employment or for continuing or long-term employment. Therefore, I acknowledge and understand that unless I have a written employment agreement with South Fork Physical Therapy that provides otherwise, I have the right to resign from my employment with South Fork Physical Therapy at any time with or without notice and with or without cause, and that South Fork Physical Therapy has the right to terminate my employment at any time with or without notice and with or without cause.

- I have read, understand and agree to all of the above.
- I have also read and understand the South Fork Physical Therapy Employee Handbook.

Signature _____

Print Name _____

Date _____