

Introductory Period Acknowledgement

Employee Name: _____ Last 4 Digits of SSN: _____

Position: _____ Department: _____

Date of Hire: _____ Date Issued: _____

I have accepted the above position with [Employer Name] _____. I understand that the first _____ calendar days of employment with the Company are considered a _____ day introductory period.

Note: If the blank has not been filled in, the introductory period is 90 calendar days.

Further, I fully understand that successful completion of my introductory period does not alter or change the nature of my "at will" employment, nor does successful completion create an employment contract. I understand that either the Company and/or I can end the employment relationship at any time including but not limited to prior to the completion of the probationary period, with or without notice (i.e., it is "at will").

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Date of Hire: _____ Date Issued: _____