**Policy Number: 0002
Revision Number: 01
Revision Date: Feb 2024
Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**At-Will Employment Policy Statement**

Your employment with **[employer name]** is at will. This means your employment is for an indefinite period of time and it is subject to termination by you or **[employer name]**, with or without cause, with or without notice, and at any time. Nothing in this policy or any other policy of **[employer name]** shall be interpreted to be in conflict with or to eliminate or modify in any way, the at-will employment status of **[employer name]** employees.

The at-will employment status of an employee of **[employer name]** may be modified only in a written employment agreement with that employee which is signed by the President, or the Chairman of the Board of Directors, of **[employer name]**.

By your signature below, you acknowledge your understanding that your employment with **[employer name]** is at will, and that nothing in the handbook is intended to constitute a contract of employment, express or implied.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date