

EMPLOYEE ACKNOWLEDGEMENT FORM

By signing this form, I acknowledge that I have received a copy of RDstaffCo's current Employee Policy Handbook. I understand that it is my obligation to read it, understand it, abide by the policies described and adhere to all of the policies and procedures of the Company, whether set forth in the Policy Handbook or elsewhere. I understand and agree that compliance with all RDstaffCo's policies is a condition of my employment with RDstaffCo.

I further understand and agree that certain policies are of particular importance to RDstaffCo and that violation of these policies will be grounds for discipline, up to and including possible termination. These policies of particular importance are: Equal Employment Opportunity, Sexual Harassment, Commitment to Confidentiality, Drug-Free Workplace, and Improper Personal Conduct policies.

I further acknowledge that the Policy Handbook is provided as an informational guide only and is not to be considered a contract between myself and the Company. I understand that I am an at-will employee, which means that either I or the Company can terminate my employment at any time, for any or no reason, with or without notice. I also understand that the Company reserves the right to modify this handbook, or modify or terminate any policies, procedures, or employee benefit programs, whether or not described in this Handbook, or to require or increase contributions toward these benefit programs.

Furthermore, I agree to reimburse the Company for any outstanding monies owed the Company that have not been repaid by the time employment is terminated. I further authorize the Company, to the extent permitted by law, to deduct and offset any payments, including but not limited to payments for wages, bonuses, expenses, or vacation pay, otherwise owed to me upon termination of employment. If these deductions are insufficient, I agree to reimburse the Company for the balance. During my employment, I hereby authorize the Company to withhold from my paycheck if necessary to correct any previous errors in salary or wages paid.

No one representing RDstaffCo has the authority to enter into any agreement different from that stated above, unless there is a written contract signed by both parties (the President of RDstaffCo and employee).

Employee Name (Please Print)

Date

Employee Signature