

**ACCEPTANCE OF EMPLOYEE HANDBOOK AND  
EMPLOYMENT AT-WILL ACKNOWLEDGEMENT**

I, the undersigned, acknowledge that I have received a copy of the Contemporary Services, Inc.'s ("CSI's") Temporary Staffing Employee Handbook as of the date entered below. I understand and agree that it is my responsibility to familiarize myself with and abide by the policies and procedures contained in this Employee Handbook, as it may be amended from time to time. I also acknowledge that I will read this Employee Handbook and agree to its terms and conditions.

All CSI employees are employees "at-will" and serve at the discretion of the President or Vice President. I understand and agree that nothing in the personnel manual creates or is intended to create a promise or representation of continued employment and that employment at CSI is employment at-will, that may be terminated at the will of a CSI Representative or myself, with or without cause and with or without notice. I understand and agree that this Employee Handbook is not intended to and will not serve as a contract or create enforceable rights on my part.

I understand and agree that no supervisor, manager or representative of CSI has authority to enter into any agreement, express or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will.

My signature below certifies that I understand that the foregoing agreement concerning at-will status is the sole and entire agreement between CSI and me concerning the duration of my employment and the circumstances under which my employment may be terminated. This acknowledgement and the Employee Handbook in effect at the point of acknowledgement supersede all prior agreements, understandings and representations concerning my employment with CSI.

I understand that any and all policies or practices can be changed at any time, with or without prior written or oral notice by CSI. CSI reserves the right to terminate my employment, lay me off or change my hours, and change my rate of pay and working conditions at any time, with or without written or oral notice.

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**Employee Name (Please Print)**

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**Employee Signature** (Date)

**Please sign this acknowledgement and return to Human Resources Department.**

**The original of this acknowledgement will be placed in your personnel file.**