



TERMS OF EMPLOYMENT ACKNOWLEDGMENT

I acknowledge the ***Living the Gold Card at AAG Hourly Restaurant Employee Handbook*** was reviewed with me in orientation, and I have access to my handbook during working hours. I understand it is my responsibility to comply with the policies and rules in the Handbook. I also understand that the policies, procedures and benefits listed throughout the handbook, new hire packet, and posted in the restaurant are subject to change from time to time at the discretion of AAG. _____ (employee initials)

I acknowledge ***my employment is at will*** and that, just as I may quit my employment at any time for any reason or no reason, AAG may terminate my employment on the same basis. _____ (employee initials)

I acknowledge that AAG has an ***open door policy*** and that it is my responsibility to bring any concerns to my managers, and their responsibility to take all legitimate concerns seriously. _____ (employee initials)

I acknowledge that AAG has an ***Anti Harassment and Discrimination policy*** and that any violations of that policy will result in actions ranging from performance counseling up to and including termination. _____ (employee initials)

I acknowledge I am covered by the ***Dispute Resolution Program***, and it was reviewed with me in orientation. I acknowledge my employment application stated it was a condition of employment with AAG to agree to abide by the Dispute Resolution Program. I understand that if I do not abide by the Dispute Resolution Program, any fees, costs, and legal liabilities charges incurred by the company may be my financial responsibility (except where explicitly forbidden). _____ (employee initials)

I acknowledge the ***Drug Free Workplace Policy*** was reviewed with me in orientation, and I have access to the complete policy during working hours. I acknowledge my employment application stated that it was a condition of employment with AAG to agree to abide by the Drug Free Workplace policy. _____ (employee initials)

I acknowledge I am required to notify management if I experience certain health symptoms or conditions as listed on the ***Reporting Requirements for Food Establishment Employees form***. _____ (employee initials)

I acknowledge I may become eligible for the ***Health Insurance Benefits (Starbridge) Program*** during my employment with AAG. Unless I sign up for health insurance, I acknowledge I will be waiving my participation in the plan. I understand any enrollment into the health plan may be restricted by plan design and/or federal law, meaning I may only enroll if I meet the requirements of both the health insurance plan and the IRS regulations. I also acknowledge that once I enroll, I cannot stop my insurance except during open enrollment, unless I qualify under IRS regulations. _____ (employee initials)

I understand that AAG reserves the right to pursue repayment from me for any proven cash shortages attributable to me due to gross negligence, dishonesty or a willful act (as allowed by state and federal Law). _____ (employee initials)

Employee Printed Name

Social Security Number

Employee Signature

Date

Manager Printed Name

Restaurant

Manager Signature

Date

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