

**WAKE COUNTY MEDICAL SOCIETY – COMMUNITY HEALTH FOUNDATION
EMPLOYEE HANDBOOK**

EMPLOYEE STATEMENT

I have been given either a copy of the Employee Handbook or the information needed to access an electronic version of the current Employee Handbook for the Wake County Medical Society – Community Health Foundation (WCMS-CHF). I understand that the Employee Handbook outlines WCMS-CHF’s policies, practices, and guidelines. I agree to read and study the contents of the Employee Handbook and to be guided by the policies, procedures and guidelines contained therein.

Since the information in this handbook is necessarily subject to change as situations warrant, it is understood that the Employee Handbook is not an employment contract and that changes in policies, procedures and guidelines may supersede, revise or eliminate the information as stated in this Handbook. Changes may be made with or without advance notice. However, staff will be notified when revisions are made to the Employee Handbook. I understand that where differences occur, the official policies, procedures, guidelines or benefits plans are the governing documents.

I understand that the electronic version of the WCMS-CHF Employee Handbook is always the current copy of the Handbook and that this version supersedes any previously posted, printed or distributed version.

I further understand that my employment relationship with WCMS-CHF is “at will” and that either WCMS-CHF or I may terminate the relationship with or without cause.

Employee Name: _____
Print Name

Signature

Date

Should you have questions at any time concerning personnel policies, please contact the HR Manager for clarification.