

PLEASE READ THIS NOTICE CAREFULLY BEFORE SIGNING

I acknowledge that I have received and reviewed the following agency policies/information related to my employment at AABR, INC.:

Mission Statement

EEOC Policy

Code of Professional Conduct

Confidentiality Agreement

Drug-Free Workplace Policy

Safety Policy

Whistleblower Policy

Personal Appearance and Hygiene Policy

Notice of Employee Rights: Safe and Sick Leave
Paid Safe and Sick Leave: What Employees Need to Know

Print Name

Signature of Employee
(Type if on Computer)

Date: ____ / ____ / ____