



## EMPLOYEE HANDBOOK ACKNOWLEDGMENT FORM

Employee Name:		Date:	
Social Security Number:		Project/Location:	

I, the undersigned, am aware that there is available to me for my review at the offices at which I work copies of **Amerwest's Employee Handbook**, both printed and in electronic form which can be located at <http://www.awdc.net>

I also understand that the most current edition of **Amerwest's Employee Handbook** is located on the <http://www.awdc.net> website and that it is my responsibility to make sure that I am aware of the most current information.

I understand that the Employee Handbook details many of the company's policies and benefits. I understand that these policies and benefits may be changed and modified from time to time in the sole discretion of the Company. I understand that any and all employee benefits as may be offered from time to time through **Amerwest** are not promised as an inducement for employment and are not a part of any compensation for any position that might be offered. I understand that employee costs and employer participation in costs could vary in the future if the group plan(s) have an increase in premium costs. I understand that no employee of the company has the authority to offer or change such policies or benefits except through a written agreement signed by the President or Chief Executive Officer of the company.

I also agree that should a dispute arise out of my employment with **Amerwest** whereby an amicable agreement cannot be reached, I will adhere to a final resolution reached through binding arbitration and that the costs of said arbitration are to be paid by the non-prevailing party.

Acknowledged and agreed to

Employee Signature:		Date:	
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