

## Acknowledgment of Receipt of Basic Employment Policies

I understand that these Basic Employment Policies describe important information about ADP TotalSource and my Worksite Employer. ADP TotalSource has the sole discretion to alter these policies from time to time. I also understand that revisions to these policies may supersede or eliminate one or more existing policies and that all such changes will be communicated through official notices.

I understand that my employment with my Worksite Employer and ADP TotalSource is entered into voluntarily and that I, my Worksite Employer or ADP TotalSource are free to end the employment relationship at any time, for any or no reason, with or without cause or advance notice unless a separate arrangement (i.e. an employment contract) with the Worksite Employer indicates to the contrary.

I understand that these policies are neither a contract for employment, express or implied. I have had an opportunity to read and will comply with both the policies contained here and any revisions made to it. These policies supersede any and all prior editions.

I understand that should my employment end, for whatever reason, ADP TotalSource is not responsible for payment of any accrued and/or earned vacation, sick, paid time off, bonus, commission, severance or expense reimbursement pay that my Worksite Employer may have promised me. I further acknowledge that the responsibility, if any, to pay me any of the above amounts remains at all times with my Worksite Employer.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Last 4 Digits of Social Security Number

\_\_\_\_\_  
Worksite Employer

\_\_\_\_\_  
Company Code