**Employment Disclosure Addendum**  
  
  
Acknowledgement is hereby given that the **Bridges Employee Handbook** supersedes all previous versions, and it is the responsibility of the employee to thoroughly review and comprehend its contents. I further acknowledge that the information contained herein (excluding the At-Will Employment Doctrine) is subject to modification at any time, at the sole discretion of DFW Plus Hospice Care LLC.

I understand that DFW Plus Hospice Care LLC dba Bridges Hospice cannot foresee all potential employment-related issues. For clarification on any aspect of this handbook, the employee should immediately contact their supervisor or Human Resources Director.

Non-compliance with any of the policies and procedures detailed in this handbook may result in disciplinary action, to include potential termination.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Acknowledgment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_

Supervisor/HR Dir. Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/ HR Dir. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_

\***Bridges Employee Handbook**: (e-copy) https://bridges-hospice.com  
Employees can request a written copy of the **Bridges Employee Handbook** by emailing [intake@deltahospice.net](mailto:intake@deltahospice.net).

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