

## **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).