

Employment Disclosure Addendum

Acknowledgement is hereby given that the **Delta 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 Delta 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____

***Delta Employee Handbook:** (e-copy) <https://www.deltahospicecare.net>

Employees can request a written copy of the Delta Employee Handbook by emailing intake@deltahospice.net.