



Employee Handbook & Safety Manual
Acknowledgment of Receipt

I have received, and it is my sole obligation to read (or had the opportunity to read) and agree to abide by the Professional Business Solutions Employee Handbook & Safety Manual. I understand that the Professional Business Solutions retains the right to change, alter, suspend, cancel and interpret all personnel policies and practices of the Employee Professional Business Solutions without advance notice and its sole discretion, and without having to give cause, justification or consideration to any employee of their rights.

Employee Name (Print)

Date

Employee Signature

Client Name

Social Security Number