

Employee Handbook Acknowledgement

I have received my copy of the JSR HEALTH employee handbook. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures contained in the handbook.

I understand that I am employed on an at-will basis and that my employment may be terminated with or without cause and with or without notice at any time by me or the Company.

I understand that except for my at-will employment status, the Company can change any policy or practice, and may change my hours, wages, and working conditions, at any time. Except for the JAYA SONKAR, MD of the Company, no Company manager, supervisor, or representative has authority to enter into any agreement, express or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will; only the JAYA SONKAR, MD has the authority to make these agreements and then only in writing, signed by the JAYA SONKAR, MD.

I understand and agree that nothing in the employee handbook creates or is intended to create a promise or representation of continued employment and that employment at the Company is employment at-will. Employment may be terminated at the will of either the Company or me. My signature certifies that I understand that the foregoing agreement on at-will status is the sole and entire agreement between the Company and me concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understandings, and representations concerning my employment with the Company.

Signature: _____

Printed Name: _____ Date: _____