

## EMPLOYEE ACKNOWLEDGEMENT FORM

I have entered into my employment relationship with Taste Budd's inc. and Taste Budd's Café Inc. voluntarily and acknowledge that there is no specified length of employment. Accordingly, either Taste Budd's Cafe, Inc. or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. Since the information and policies described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur, except to Taste Budd's policy of employment-at-will. All such changes will be communicated through written notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I have received the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

Print employee name \_\_\_\_\_  
Employee signature \_\_\_\_\_  
date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I understand that New York State requires all businesses to provide employees with a Sexual Harassment Policy, Sexual Harassment Fact Sheet and Sexual Harassment Training. I have been provided the Sexual Harassment Policy and Sexual Harassment Fact sheet links and I have read and understand them. I understand I will be provided the training during paid work time for 45 minutes and will provide my training completed certificate to Owner Daniel Budd when I have completed the training, and again annually as employed. I also understand that I can report sexual harassment if I witness it and have been provided the link to the reporting form.

Print employee name \_\_\_\_\_  
Employee signature \_\_\_\_\_  
date \_\_\_\_ / \_\_\_\_ / \_\_\_\_