

**DIRECT SUPPORT PROFESSIONAL and HOMEMAKER  
EMPLOYEE POLICY AND PROCEDURE HANDBOOK  
ACKNOWLEDGEMENT FORM**

- A. I acknowledge that I have received a copy of the SEMCIL DSP Employee Policy and Procedure Manual and I agree to read it and familiarize myself with its contents, as well as abide by its terms. I understand the policies, rules and benefits described are in effect on the date of publication. I also understand that these policies will continually be evaluated and may be amended, modified or cancelled at any time, with or without prior notice.
  
- B. The purpose of this Employee Policy and Procedure Manual is to provide brief, general information on SEMCIL benefits and employment practices. As such, I understand that SEMCIL does not intend to create a contract of employment by placing these matters in writing.
  
- C. I have read the Non-Discrimination and Anti-Harassment Policies and understand how to report suspected discrimination and harassment in the workplace. I have read the Employee and PCA Recipient Records Policy, Access & Management policy.
  
- D. I understand and agree my employment with SEMCIL is at-will and therefore it is for no definite period of time and that SEMCIL may elect to discontinue my employment relationship for whatever reason it considers proper and at any time. I, likewise, may leave SEMCIL for whatever reason I consider proper and at any time.

---

Print Name

---

Employee's Signature

Date