

## **EMPLOYEE HANDBOOK ACKNOWLEDGMENT**

*Your electronic acknowledgment will let the Company know that you have received the Consilio Employee Supplement. It is your responsibility to read and understand the contents of this Handbook and state supplements.*

I have received the Company Employee Handbook including any applicable state supplement (collectively 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. The handbook describes some important information about the Company, and I understand that this handbook replaces any previous manual and handbook, and to the extent inconsistent, any previous understanding, practice, policy, or representation concerning the subject matters addressed in this handbook. The guidelines, benefits, and procedures outlined in this handbook may be changed or eliminated at any time, at the Company’s sole discretion to the maximum extent permitted by applicable law, provided, however, that the Company’s policy of employment at will may only be changed on an individual or collective basis in a contract or agreement signed by the CEO or President. To the extent of any inconsistency, the terms of the benefit plans control over any statement in this handbook or by any manager or supervisor. I also understand that it is my responsibility to return to the Company at the end of my employment all property of the Company that may be in my possession or within my control, including but not limited to Company keys and equipment.

I understand that the handbook is not intended to express or imply any contractual obligation by the Company to continue my employment or to follow any stated policy or procedure with respect to my employment. I have entered into my employment relationship with the Company voluntarily and acknowledge that there is no specified length of employment. I understand that my employment is at will, meaning that I may terminate my employment with the Company with or without cause or notice, and that the Company may terminate or change the terms of my employment, including but not limited to demotion, promotion, transfer, compensation, benefits, duties, and location of work, with or without cause or notice. I understand that only the CEO or President of the Company has the authority to enter into an agreement or contract on an individual or collective basis for employment for a specified term or to make any agreement contrary to the policy of at-will employment, and that any such agreement or contract must be explicit, in writing, and signed by the CEO or President of the Company.

EMPLOYEE’S NAME (printed): \_\_\_\_\_

EMPLOYEE’S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**EMPLOYEE ACKNOWLEDGEMENT OF DISCRIMINATION,  
HARASSMENT, AND RETALIATION PREVENTION POLICY**

I acknowledge that I have received, read, and understand the Company's Discrimination, Harassment, and Retaliation Prevention Policy, including any applicable state supplement. I understand that I am expected to abide by and be bound by the rules, provisions and standards set forth in the Company's policy. I further acknowledge that the Company reserves the right to revise, delete, and add to the provisions of the Discrimination, Harassment and Retaliation Prevention Policy at any time, to the maximum extent permitted by applicable law. *California Employees: I also acknowledge I have received the California Department of Fair Employment & Housing's brochure, Sexual Harassment, The Facts About Sexual Harassment (DFEH-185 brochure).*

EMPLOYEE'S NAME (printed): \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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