

Employee Handbook Acknowledgement

This Employee Handbook contains important information about Nutrition Services, Inc., and I understand that I should consult the Nutrition Services, Inc. Ownership, or my supervisor, regarding any questions not answered in the handbook. I have entered into my employment relationship with the Nutrition Services, Inc. voluntarily, and understand that there is no specified length of employment. Accordingly, either the company or I can terminate the relationship at will, at any time, with or without cause, and with or without advance notice.

Since the information, policies, and benefits described herein are subject to change at any time, I acknowledge that revisions to the handbook may occur. All such changes will generally be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Owner or CEO of the Nutrition Services, Inc. has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I understand that this handbook is neither a contract of employment nor a legally-binding employment agreement. I have had an opportunity to read the handbook, and I understand that I may ask my supervisor any questions I might have concerning the handbook. I accept the terms of the handbook. I also understand that it is my responsibility to comply with the policies contained in this handbook, and any revisions made to it.

I understand that this employee handbook is not comprehensive to every issue that may arise and these will be addressed by Nutrition Services, Inc. management on a case by case basis.

I further agree that if I remain with Nutrition Services, Inc. following any modifications to the handbook, I hereby accept and agree to such changes.

I have received a copy of the Nutrition Services, Inc. Employee Handbook on the date listed below. I understand that I am expected to read the entire handbook. Additionally, I will sign the Acknowledgment of Receipt, retain one copy for myself, and return one copy to the Company's representative listed below on the date specified. I understand that this form will be retained in my personnel file.

Signature of Employee

Date

Printed Name of Employee