

EMPLOYEE'S STATEMENT OF UNDERSTANDING

I, _____, acknowledge that I have received, read, and understand the SIBCR Employee Handbook dated May 2008.

I also acknowledge that its purpose and content have been explained to me and I have been offered an opportunity to ask questions regarding it. I understand the Employee Handbook summarizes various employment policies and procedures applicable to my employment with SIBCR.

I further understand that the Employee Handbook is not an employment agreement or contract for employment. I have been told and I understand that my employment with SIBCR is "at will" which means it may be terminated at any time, with or without cause, with or without notice, by either me or SIBCR. I also understand that I may be demoted, my job responsibilities may change, or my benefits altered after I accept employment with SIBCR with or without cause and with or without notice.

I understand that this Handbook supersedes any prior handbooks or policy manuals regarding employment with SIBCR issued by SIBCR.

I understand that SIBCR may add to, modify, or delete any of the policies and procedures contained in the Employee Handbook from time to time.

I agree to perform my job and otherwise act in a manner consistent with the Employee Handbook and any subsequent addition(s), modification(s), or deletion(s), which may be implemented by SIBCR during my employment.

(Signature)

(Print Name)

Date of Signature: _____

Employee Handbook of
Seattle Institute for Biomedical and Clinical Research (SIBCR)

Revised: May 2008