

## Acknowledgment of Receipt and Review of Document Retention Policy

I have received, reviewed, and understand JELF's Records Retention and Destruction Policy (the "Policy"). I agree to abide by the terms and rules contained in this Policy. I understand that JELF has the sole discretion permitted by law to interpret, administer, change, modify, or eliminate this Policy at any time, with or without notice. All effective changes will be in writing and may occur at any time, with or without prior notice.

I further understand that any delay or failure by JELF to enforce this Policy will not constitute a waiver of JELF's right to do so in the future. I understand that neither this Policy nor any other communication by management representatives or any other employee, whether oral or written, is intended in any way to create a contract of employment. If at any point this Policy conflicts with the terms of my employment agreement, I understand that the terms of my employment agreement will control.

*Sign and date this confidentiality acknowledgement. Keep a copy for employee's records and return the original to JELF to be included in employee's personnel file.*

Employee's Full Name (printed): \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Employee's Title: \_\_\_\_\_

Today's Date: \_\_\_\_\_