

EMPLOYEE ACKNOWLEDGEMENT OF ACCESS TO THE IMKO HANDBOOK ONLINE AT IMKO.COM

Print Name _____

Last 4 Digits of Social _____

By signing this document, I understand I now have access to the IMKO’s Employee Handbook online at imko.com under the Employee Resource Center. It is my responsibility to read and understand all policies, programs, and actions as described. I will read the Handbook and I will ask any questions I have about the policies to the IMKO staff. I understand that compliance with these policies is an essential part of my job.

I understand that my employment with IMKO is for an unspecified term and may be terminated at the will of either IMKO or myself, with or without reason or cause, and with or without notice. No words or actions of IMKO will be deemed to create an express or implied contract of employment or require IMKO to have good cause for terminating my employment.

I acknowledge I will read the handbook and the Discrimination, Harassment and Retaliation Prevention Policy. I understand these policies and agree to follow them. I understand any employee who engages in conduct prohibited by the Discrimination, Harassment and Retaliation Prevention Policy will be subject to disciplinary action, up to and including termination. I understand it is my obligation to report conduct which I believe violates the Discrimination, Harassment and Retaliation Prevention Policy to enable IMKO to take action as appropriate.

I further understand that any rules, policies, and benefits described in the handbook may be modified or varied from by IMKO at anytime—except as required by law and except the rights of the parties to terminate employment at will (which may be modified only by an express written agreement signed by the President of IMKO).

Employee’s signature

Date

ACKNOWLEDGMENT OF RECEIPT OF IMKO ACA MEDICAL NOTICE AND MEC OFFER ONLINE AT IMKO.COM

By signing this document, I confirm I now have access to the IMKO’s ACA Medical Notice OMB No. 1210-0149 and have received the ESC MEC Enrollment Form online at imko.com under the Employee Resource Center. I know I am able to contact IMKO’s Corporate office about any questions that I have about this notice and form at 816-233-4040 Option 7 or healthcare@imko.com.

Employee’s signature

Date

IMKO ELECTRONIC COMMUNICATION ACKNOWLEDGMENT FORM

By signing this document, I confirm that I understand that any electronic communication at work is not private and is subject to monitoring. I know that I may be discharged based on the content of electronic communications.

Employee’s signature

Date

IMKO CALL-IN ACKNOWLEDGMENT FORM

I understand that I must call IMKO when I am available for work. I understand that failure to call on a daily basis will mean that I have voluntarily quit my employment for all purposes, including unemployment insurance or benefits. I also acknowledge that I have access to the IMKO handbook online at imko.com and will abide by its contents and the requirements listed here. I understand IMKO is an “at will” employer and that my employment is subject to termination at any time by me or by IMKO. Unexplained or unexcused absences, quitting without notice, or no call/no show behavior will be grounds for termination.

Employee’s signature

Date