

# **Acknowledgment of Receipt and Review of JCS Vaccination Policy**

I acknowledge that I received and read a copy of Jewish Community Services' Vaccination Policy and that I understood it and agree to comply with it. I understand that no statement or representation by a supervisor or manager or any other employee, whether oral or written, can supplement or modify this policy. I understand that this policy is not intended in any way to create a contract of employment. I understand that, unless I have a written employment agreement signed by an authorized JCS representative, I am employed at will and this policy does not modify my at-will employment status.

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Employee Signature

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Printed Name

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Date