

A+ NURSING, INC
1125 E. Milham Ave Ste. C
Kalamazoo, MI 49002
269-383-9112

TERMINATION AT WILL AGREEMENT

I, _____, understand that as an employee of A+ Nursing, Inc., I must comply with the policies and procedures as outlines in the manual given during interview and orientation. I understand that failure to comply with company policy could result in termination of employment with A+ Nursing, Inc.

I understand that my employment with A+ Nursing, Inc. is terminable “at will” My employment may be terminated at ANY TIME, for ANY REASON, by the discretion of A+ Nursing, Inc. I have the “will to terminate” my employment with A+ Nursing, Inc. ANY TIME, for ANY REASON, giving proper resignation to A+ Nursing, Inc.

Employee Signature

Date

A+ Nursing, Inc. Representative

Date