

Hiland Dairy Foods Company

Acknowledgement of Vacation Policy

I _____ hereby acknowledge that I have read and understand the vacation policy of this location within Hiland Dairy Foods Company. I understand that vacation cannot time cannot be taken during the introductory period of my employment. I also understand and agree that paid vacation time that is taken and paid before it is earned by policy could be deducted from my final earnings at the termination of my employment with the company.

Employee Signature: _____

Date: _____