

At-Will Employment Agreement

In consideration of my employment with **Pediatric Therapy Solutions Inc**, I understand that my employment and compensation are at-will and therefore can be terminated, with or without cause, at any time without prior notice, at my option or **PTS** option.

This at-will employment relationship will remain in effect throughout my employment with the **PTS** unless it is specifically modified by an express written employment agreement executed by an authorized representative of the **PTS** and me.

I understand that this at-will employment relationship may not be modified by any oral or implied agreement, and that no employee handbook, nor any course of conduct, practice, policy, award, promotion, performance evaluation, transfer, or length of service can modify this at-will relationship.

I acknowledge that I have carefully read this Agreement, that I understand its terms, and that I have entered into this agreement voluntarily. I further acknowledge that I have been given the opportunity to discuss this Agreement with my private legal counsel before signing it and have availed myself of that opportunity to the extent I wish to do so.

Agreed:

Date: _____

By: _____

(Employee's Signature)

(Full Name of Employee)

Date: _____

By: _____

(Hiring Manager Signature)

(Hiring Manager Full Name)