**Sample Acknowledgment form of Tip Pooling Policy**

**[Attach Copy of Tip Pooling Policy]**

By signing below, I acknowledge that I have carefully read, understand, and will comply with the attached [Company Name] Tip Pooling Policy dated: \_\_\_\_\_\_\_\_\_\_\_.

I understand that this policy supersedes any and all written documents or oral representations regarding [Company Name] tip pooling.

I understand that [Company Name] managers and owners may not participate in the tip pool in any circumstance.

I understand that if I have questions or concerns at any time about this Tip Pooling Policy, I am encouraged to communicate with my immediate supervisor or [my General Manager/ Human Resources/ the Owner].

Finally, I understand that the tip pooling policy is not a contract or implied contract with employees. The Company has the ability to prospectively change, modify, or delete this Tip Pooling Policy as it deems appropriate without obtaining another person’s consent or agreement.

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Place copy of signature page in personnel file]