

1000 Trancas Street
Napa, CA 94558

707.252.4411 Tel
707.226.2901 TDD
707.265.8222 Emergency Room TDD

AT-WILL EMPLOYMENT AGREEMENT

In consideration of my employment at Queen of the Valley Medical Center, I agree that I am an employee at-will and have not been hired for any specific or definite period of time and that either Queen of the Valley Hospital or I may terminate my employment at any time, with or without cause and with or without advance notice.

This constitutes the entire agreement between Queen of the Valley Medical Center and me regarding the term of my employment and there are no other promises, agreements, or understandings concerning the term of my employment. I further agree that this Agreement may not be altered, modified, or otherwise changed except in writing signed by the Vice President of Human resources of Queen of the Valley Medical Center, which expressly states that my employment at-will status is being modified.

Employee's Name (Please Print) _____

Employee's Signature _____

Date _____