This position is classified as a non-exe mpt position because it does not require that the
candidate/employee exercise independent judgment and discretion regarding matters of

signific ance.

E mployment with VCOM is “at-will”. This means employment is for an indefinite
period of ti me and it is subject to termination by the employee or by VCOM, with or
without cause, with appropr iate notice at any ti me. Nothing in this position description
or any other policy of VCOM shall be interpreted to be in conflict with or to eli minate or
modify in any way, the “at-will” employment status of VCOM employees.

V. VCOM core values: The employee is expected to adhere to all VCOM policies. As the

environment is a pr ofess ional college, VCOM faculty / staff are expected to dress and behave in

a professional manner at work. VCOM faculty / staff are expected as VCOM employees, to be a person who obeys all laws and professional expectations of an upstanding citizen of the

community. VCOM expects all employees to maintain a pos itive attitude in all working relationships with all VCOM departments, employees , medical s tudents , pros pective medical

s tudents, interns, and residents and to treat all other engaged in the duties of the employment,

with mutual r espect.

I am notif ied that the College is an equal opportunity employer and does not discr iminate on the basis of age, sex, s exual orientation, ethnicity, religion, or disability.

I have been made awar e of the College’s m ost r ecent campus safety report, the location of the college policies and procedures document, and the appropriate handbook f or my position. I recognize my

res ponsibility to be aware of the policies and pr ocedures and I am in agreement to follow the policies

and procedures as wr itten.

I have read and understand this explanation and job description. I also understand that the job

duties and des cr iption or the existence of the need for the pos ition may be changed at any time as required by the College where growth of the institution or change in direction for the institution may

change the duties of my department or the need for the position.

Employee Signature: ____________________________ Date: _______________

App rovals:

Immediate Supervisor: ___________________________ Date: _______________

Pr esident : _____________________________________ Date: _______________