

8.0 EMPLOYEE ACKNOWLEDGMENT

This is to acknowledge that I have received a copy of the County's Employee Handbook. I understand that the Handbook is not intended to be and does not constitute an employment contract. Instead, I understand that, because business conditions change frequently, this handbook is a general statement of County guidelines. Further, I understand that the County may modify any of the provisions of the handbook at any time.

I have entered my employment relationship with the County voluntarily. I understand that I am employed on an at-will basis. Nothing in this handbook alters my status as an at-will employee. I understand that I am not employed for any specified length of time. I understand that this means that either the County or I may terminate my employment at any time, with or without cause.

I understand that no representative of the County, other than its County Manager or Chairman, has any authority for the County to make any agreement that changes my status as an at-will employee, to offer me employment for any specified period of time, or to offer me any particular terms or conditions of employment. I also understand that any agreement changing my at-will employee status must be in writing and signed by the County Manager or Chairman.

Employee Signature: _____

Printed Name: _____

Date: _____

This page to be removed after signing and filed in the employee's personnel file.