

EMPLOYEE ACKNOWLEDGEMENT:

I hereby acknowledge that prior to and concurrently with the commencement of my employment with Chambers County, I have received and reviewed copies of the Chambers County's policies and procedures, including:

- Chambers County Personnel Policies
- Drug & Alcohol Detection and Deterrence Policy
- Accident Prevention Plan
- Information Technology Policy

I have read, understand and agree to follow the above-referenced policies and procedures as an employee of Chambers County.

These policies control over any statements made by a supervisor or other individual, and I understand that any agreements concerning my employment are not binding unless they are in writing and signed by the County Judge.

I will continue to be familiar with all rules and regulations in these policies, and any policy changes or additional rules and regulations affecting my job.

I understate that these policies represent only the County's current policies, regulations and benefits, and that they do not create a contract of employment. The County retains the right to change policies, wages and all other working conditions as it deems necessary or appropriate, with or without notice.

I understand that I am employed for no particular period, that I have the right to terminate my employment at any time, with or without cause, and that the County has a similar right. I further understand that my status as an "at will" employee cannot be changed except in writing, signed by the County Judge.

Employee's Name (please print)

Employee's Signature

Date

Upon termination of my employment with Chambers County, I agree to return any County property in my possession and acknowledge that failure to do so may result in legal action by the County against me.

Employee's Signature

Date

The above form must be signed and returned immediately to the Human Resources Department

July 2017