

LAMPASAS COUNTY PERSONNEL POLICIES

ACKNOWLEDGEMENT BY EMPLOYEE

I UNDERSTAND THAT THE INFORMATION IN THE COUNTY'S HANDBOOK REPRESENTS GUIDELINES ONLY AND THAT THE COUNTY RESERVES THE RIGHT TO MODIFY THIS HANDBOOK OR AMEND OR TERMINATE ANY POLICIES, PROCEDURES OF EMPLOYEE BENEFITS PROGRAMS AT ANY TIME, OR TO REQUIRE AND/OR INCREASE CONTRIBUTIONS TOWARD THESE BENEFIT PROGRAMS.

I UNDERSTAND THAT THIS HANDBOOK IS NOT A CONTRACT OF EMPLOYMENT, EXPRESS OR IMPLIED, BETWEEN ME AND THE COUNTY AND THAT I SHOULD NOT VIEW IT AS SUCH.

I FURTHER UNDERSTAND THAT NO SUPERVISOR, OR MANAGER OR REPRESENTATIVE OF THE COUNTY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT GUARANTEEING EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME.

I HAVE RECEIVED THE PERSONNEL POLICY HANDBOOK. IN THE EVENT I HAVE QUESTIONS OR REQUIRE FURTHER DISCUSSION, I UNDERSTAND THAT I WILL DIRECT THESE QUESTIONS TO MY DEPARTMENT HEAD.

I UNDERSTAND THAT THIS POLICY BOOK IS TO BE RETURNED TO MY DEPARTMENT HEAD AT THE TIME THAT I LEAVE COUNTY EMPLOYMENT.

DATE: _____

(SIGNATURE OF EMPLOYEE)

(PRINTED NAME OF EMPLOYEE)

DATE: _____

(SIGNATURE OF MANAGEMENT WITNESS)

(PRINTED NAME OF MANAGEMENT WITNESS)