

EMPLOYEE ACKNOWLEDGMENT FORM

1. I acknowledge that I have received a copy of the Cavalier County Employee Policy Manual, dated _____, and that I have read and understand its provisions.
2. I understand that this employee manual describes important information about my employment with the County and that I should consult my supervisor about any questions that I may have that are not answered by this manual. I understand that this manual is compiled for informational purposes only. I understand that this manual is not a contract of employment and is not intended to create or imply a contract for employment or for the provisions of any employee benefit between the County and myself.
3. I understand that, with the exception of Social Service Employees who have completed their Introductory Period, I am an at-will employee and that either the County or I may terminate the employment relationship at any time, with or without notice, for any reason not prohibited by law.
4. I understand that the County reserves the right to change, suspend, or eliminate any or all matters contained in this manual and all other policies, rules, and procedures at any time, without prior notice and without my consent.
5. I understand that the County retains the sole discretion to interpret the provisions of this manual and to depart from those provisions or any other policies, rules, or procedures if the County determines that such action is appropriate. An Exception is made for mandates from the State of North Dakota which apply to Social Service employees.
6. I understand that the provisions of this manual supersede the provisions of all other handbooks, manuals, policies, rules, and procedures that address the subjects covered in this manual or are inconsistent with this manual.
7. I also understand that this manual is mine to use only while I am a County Employee, and that it remains the property of the County, and that I am to return this manual to the County at the conclusion of my employment with the County.

I acknowledge receipt of the Cavalier County Employee Policy Manual.

EMPLOYEE'S SIGNATURE

DATE

EMPLOYEE'S NAME (TYPED OR PRINTED)