

RECEIPT

I have been briefed on the Davison County Personnel Policy Manual and have read it, or have had it read to me carefully. I understand that this manual supersedes all prior manuals. I also understand all of its rules, policies, terms and conditions, and agree to abide by them, realizing that failure to do so may result in disciplinary action and/or termination. I understand and agree that my employment is terminable-at-will, so that both the county and I remain free to choose to end our work relationship. Similarly, no county official has the authority to enter into an oral employment contract, and only the County Board of Commissioners can enter into a written employment contract.

I understand that an up to date copy of this Manual is located in the Office of which I work and that it is available for review whenever necessary.

I understand nothing in the Davison County Personnel Policy Manual in any way creates an express or implied contract of employment between the county and me, but rather, is intended to provide the fostering of a better working atmosphere while the employer/employee's relationship exist.

Employee's Signature

Date

Employee's Printed Name