

EMPLOYEE HANDBOOK ACKNOWLEDGEMENT

I have received a copy of the Hill County Employee Handbook that outlines my benefits and obligations as a County employee. I understand that I am responsible for reading and familiarizing myself with the information in this manual and understand that it contains general personnel policies of the County. If I need clarification on any of the information in this manual, I will contact my immediate supervisor.

I further understand that the Hill County Employee Handbook is not a contract of employment. I understand that I am an at will employee and that my employment may be terminated by either myself or the County, at any time, with or without cause, and with or without notice.

I understand that this employee handbook is intended to provide guidance in understanding Hill County's policies, practices and benefits. I understand that Hill County retains the right to change this handbook at any time, and to modify or cancel any of its employee benefits when the need for change is recognized.

I further understand that as a Hill County employee, I am expected to provide quality service to the public; to work towards the highest degree of safety possible for my fellow workers, to continually make suggestions for improvements, and to display a spirit of team work and cooperation.

I understand that I will be granted compensatory time off in lieu of payment of overtime to the extent provided by law and I may be required to take earned compensatory time off at the County's discretion.

I understand that I may be subject to reasonable suspicion or post-accident drug and alcohol testing. If I am required to have a Commercial Driver's License (CDL) for my county position, I will be subject to random, reasonable suspicion and post-accident drug and alcohol testing.

I have read these policies and understand these policies and I agree to abide by and adhere to these policies.

Signature of Employee

Printed Name of Employee

Date Signed