

Employee Acknowledgement Form

The employee handbook describes important information about my employment, and I understand that I should consult my Department Head regarding any questions not answered in the handbook. I have entered into my employment relationship voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or the organization can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law, with the exception of Human Services, which is subject to the North Dakota Human Resources Department's Administrative Rules.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur, except to the policy of employment at-will. I acknowledge that the handbook is maintained on the Cass County website and that I have been shown how to view it and print it, if desired. Only the County Administrator or the Cass County Commission has the ability to adopt any revisions to the policies in this handbook. All such changes may be communicated through official notices, and I recognize that revised information may supersede, modify, or eliminate existing policies.

I understand a new Employee Acknowledgement Form may not be obtained for any subsequent changes. Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I have received access to the handbook, and I understand that it is my responsibility to read and comply with the policies contained in the handbook and any revisions made to it.

Employee's Signature

Date

Employee's Name (typed or printed)