

EMPLOYEE ACKNOWLEDGMENT

By signing this form, I acknowledge that I have received a copy of the personnel policies currently in effect for my office as of this date, and I understand that it is my responsibility to read and comply with the policies. These policies cannot and are not intended to answer every question about my employment with Weakley County. I understand that I should consult my supervisor or the payroll office regarding any part of the policies that I do not understand or any questions I may have about my employment with Weakley County that are not answered in the policies. The current policies will always be on file in the office of the Weakley County Clerk, and I may examine them there at any time during normal business hours.

The policies are necessarily subject to change, and I acknowledge that revisions may occur from time to time. I understand that all changes to the policies will be filed in the office of the Weakley County Clerk. Although my employer will usually provide me with notice of changes, I understand that changes will apply to me regardless of whether I receive actual notice. I understand that revised information may supersede, modify or eliminate any or all of the policies at any time. All information contained in the policies is subject to applicable state and federal laws, rules and regulations, and I understand that to the extent that any such laws may conflict with any provision of the policies, such laws, rules and regulations will control.

I acknowledge that none of the County's policies may be construed to create a contract of employment or any other legal obligation, express or implied, and that any policy may be amended, revised, supplemented, rescinded or otherwise altered, in whole or in part, at any time, in the sole and absolute discretion of Weakley County.

Employee Name (Type or print)

Employee Signature

Date