

EMPLOYEE ACKNOWLEDGMENT
& RECEIPT

By my signature below I attest that I have read this manual and understand its provisions to my satisfaction.

Signature of Employee Date / /

Printed name of Employee

RETURN RECEIPT

Manual returned to _____
on / /

Signature of Person Receiving Manual

A copy of this form will be held in the employee's personnel file.

APPLICANT ACKNOWLEDGES THAT AS A CONDITION OF EMPLOYMENT, ANY OVERTIME HE/SHE IS REQUIRED TO WORK MAY, AT THE DISCRETION OF THE ELECTED OFFICIAL/DEPARTMENT HEAD, BE PAID IN COMPENSATORY TIME OFF RATHER THAN IN CASH.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

SIGNATURE

DATE

PRINTED NAME