

ACKNOWLEDGMENT FORM

This is to acknowledge that I have received, read and understand a copy of the “West Wilson Utility District Employee Handbook – Policy and Benefit Guide,” which is applicable to my employment with West Wilson Utility District. I understand this handbook is intended as a guide for policies, benefits, and general information. These guidelines should not be interpreted as a contract of any kind. The District reserves the right to make changes in the guidelines or their application as it deems appropriate, and these changes may be made with or without notice.

Furthermore, I understand that employment with the District is not for a specified term, not contractual in nature and is at the mutual consent of the employee and the District. I understand that (1) I am an employee at-will and can be terminated at any time, and (2) this handbook is not a contract.

Any policy herein found not to be in compliance with current federal, state, county or local law is hereby amended to fully comply.

EMPLOYEE’S SIGNATURE

DATE

EMPLOYEE’S NAME (Printed)

HUMAN RESOURCE SIGNATURE

DATE

HUMAN RESOURCE NAME (Printed)

*******Important*******

**(Original of this acknowledgement form to be filed in the employee’s
personnel file.)**