

Onslow County Employee Personnel Policies Acknowledgement Form

By signing below, I acknowledge that I have been shown the location of the County's Employee Personnel Policies and that I will abide by these policies. I also understand that the Employee Personnel Policies are provided to me for general guidance and are not an exhaustive statement of County policies.

In addition, I understand that the Employee Personnel Policies do not constitute a contract of employment and that the County may change, revoke, interpret, or add to any of these policies at any time at its sole discretion without prior notice. I understand that the County is an at-will employer and retains the right to terminate my employment at any time for any reason not prohibited by law. Employees subject to the State Personnel Act are exempt from the at-will classification upon completion of their prescribed probationary period.

Finally, I understand that any amendment of the Employee Personnel Policies will always govern and supersede any prior version. I also understand that if I have questions or concerns regarding my terms of employment or working conditions with the County, I should contact my supervisor or Human Resources.

Signature: _____ **Date:** _____

Printed Name: _____