



## Stephens County Board of Commissioners

P.O. Box 386

Toccoa, Georgia 30577

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**STEPHENS COUNTY**

**EMPLOYMENT HANDBOOK**

**EMPLOYEE ACKNOWLEDGMENT FORM**

I acknowledge that I have received a copy of the Stephens County Employment Handbook, and have been asked to read its contents. I understand that it is my responsibility to read and comply with the policies contained in this Handbook and any revisions made to it. I understand that I should contact my immediate supervisor or other appropriate County management personnel if there is anything I do not understand in this Handbook, or if I need additional information.

I understand that Stephens County is an “at will” employer and, as such, employment with Stephens County is not for a fixed term or definite period and may be terminated at the will of either party, with or without cause, and without prior notice. No supervisor or other representative of the County (except the County Board of Commissioners) has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the above.

In addition, I understand that this Handbook states Stephens County’s policies and practices in effect on the date of publication. I understand that nothing contained in the Handbook may be construed as creating a promise of future benefits or a binding contract with Stephens County for benefits or for any other purpose. I also understand that these policies and procedures are continually evaluated and may be amended, modified, or terminated at any time.

**SIGNED** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Employee signature Date Signed

**NAME:** \_\_\_\_\_  
Print Employee’s Name

**POSITION:** \_\_\_\_\_  
Job Title/Position

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Employee’s Department

**Sign and return this Acknowledgment Form to Management**