

**MIAMI COUNTY
PERSONNEL POLICY MANUAL**

EMPLOYEE ACKNOWLEDGMENT

**FORM 2
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Name of Employee: _____

I hereby acknowledge that I have been provided access to the Miami County personnel policy manual. The personnel policy manual exists to provide me with a general understanding of the personnel policies, work rules, and an overview of benefits. I understand that the personnel policy manual is for a matter of information only and is not an employment contract or an agreement for employment for any specified period of time.

I further acknowledge that I am responsible for reading and becoming familiar with the policies and procedures contained within the personnel policy annual and that I will comply with all of the policies and procedures applicable to my position. I understand that the employer reserves the right to make changes, revisions, additions, or revocations (“modifications”) to the personnel policy manual with or without advance notice to me. I agree to comply with any and all such modifications. If I have any questions regarding any policy within the personnel policy manual or any subsequent modifications, I will contact my supervisor or other member of management for clarification.

I hereby specifically acknowledge that I have received and read a copy of my employer’s policy and procedures on a drug free workplace, which establishes my obligations as an employee. By my signature below, I hereby acknowledge that I understand this policy, and agree to support and comply with its terms and conditions. I further understand that if I breach this policy or acknowledgment, I could be subject to criminal prosecution and/or discipline including termination of my employment.

Signature of Employee

Date

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO YOUR IMMEDIATE SUPERVISOR WITHIN 30 DAYS OF THE ISSUANCE OF THIS MANUAL OR ISSUANCE OF THE REVISED PAGES FOR THE MANUAL.