



Medina County Commissioners Employee Handbook Acknowledgement



My signature below signifies that I have been provided a copy of the Medina County Board of Commissioners' (the Board) Employee Handbook and that it is my responsibility to read and comply with the policies, procedures, rules, and regulations, and any subsequent revisions made by the Board during my employment.

I understand this Handbook describes important information about the policies, procedures and benefits covering my employment as authorized by the Board as my Appointing Authority. I further recognize this Handbook is intended to be for informational purposes only and that the policies, procedures and benefits it explains do not constitute an employment contract of any type, express or implied, or any promise upon which I should rely. I further understand that its policies, procedures and benefits may be changed or terminated by the Board or its designee, at its discretion, at any time and without notice.

I further understand that I am encouraged to consult with my direct supervisor or Human Resources regarding any questions I may have pertaining to the information contained in this Handbook.

My signature below also acknowledges that I have been provided a copy of the Boards' **Public Records Policy** and understand my obligations to provide convenient, prompt and open access to all public records maintained by the County, upon request, in accordance with the term and conditions of this policy.

Employee Name (printed): _____

Employee Signature: _____

Date: _____