



## Medina County Commissioners Employment Manual Acknowledgement



My signature below signifies that I have been provided instructions regarding how to access the web version of the Medina County Board of Commissioners' (the Board) Employment Manual. I also acknowledge that I have been informed that my supervisor can provide me a copy with any specific provision. I specifically agree and understand 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 Manual 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 Manual 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, department head or Human Resources regarding any questions I may have pertaining to the information contained in this Manual.

Employee Name (printed): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_