

EMPLOYEE CERTIFICATION

employer copy

I hereby certify that I have received a copy of the “Employee Handbook, Personnel Policies and Office Procedures”, (hereafter “Handbook”) of Sac County, dated January 1<sup>st</sup>, 2023. ***Further, I understand that the policies and procedures in this Handbook supersede all previous versions.***

I have read this Handbook and understand the provisions contained in the Handbook. I recognize that Sac County reserves the right to modify, add to, or eliminate any of the matters, benefits, procedures, or anything else covered in the Handbook at any time. I recognize that I am an at-will-employee, and nothing in the Handbook, in any manner, alters my status as an at-will-employee, nor does the Handbook give to me any contractual employment rights, which would alter my status as an at-will-employee.

I agree to comply with the personnel policies and office procedures outlined in the Handbook of Sac County. I recognize that either Sac County or I may terminate the employment relationship at any time for any reason.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Employee Printed Name

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