

## **EMPLOYEE ACKNOWLEDGMENT OF MANUAL**

**(For Benefit Eligible Employees excluding City Officers, Non-Union Sworn Officers, and Unionized Public Safety Employees)**

I have received a copy of the City of De Pere Employee Policy Manual. I have read and I understand its contents. I acknowledge that it is my responsibility to ask questions about anything I do not understand.

I understand that it is my responsibility to comply with all City policies, rules and expectations as set forth in this Manual, as well as policies, rules and expectations that the City may otherwise establish or change from time to time. I further understand and acknowledge that this Manual provides guidelines and information, but this Manual is not, nor is it intended to constitute, an employment contract of any kind. I am not entering into any contract or agreement by acknowledging receipt of this Manual or by following any of the provisions of this Manual. I understand that the contents of this Manual and my compensation and my benefits may be changed by the City at any time, with or without notice to the extent permitted by law.

I understand that my employment is at-will and can be terminated at the option of either the City or me. I understand that I may appeal the imposition of discipline or termination through the City's Grievance Policy and Procedure. I understand that this Manual, the Grievance Procedure, and the Acknowledgment Form do not vary or modify the at-will employment relationship between the City and me.

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EMPLOYEE SIGNATURE

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DATE

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Print Name & Department

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POLICY MANUAL REVISION DATE

(date on the front cover of the policy manual)

Return completed form to your supervisor.