

## **EMPLOYEE ACKNOWLEDGMENT OF MANUAL**

### **(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 and policies that are applicable to me. 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 applicable to me as set forth in this Manual and any collective bargaining agreement, 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 cannot enter into any agreement or contract by acknowledging receipt of this Manual or by following any of the provisions of this Manual. I understand that the working conditions, benefits and wages available to me are identified in the collective bargaining agreement between my applicable collective bargaining representative and the City, and that the wages and benefits identified in this Manual are not applicable to me.

I understand that the contents of this Manual may be changed by the City at any time, with or without notice.

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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.