

Proposed Revision to Employee Acknowledgement Form within the 2021 INTERIM Employee Handbook for Consideration by HB Committee at its 11/15/22 Meeting

Employee Acknowledgement Form

This is to acknowledge that I have received a copy of the Oklahoma County Employee Handbook and Supplements thereto approved by the Oklahoma County Budget Board and adopted by the Oklahoma County Board of County Commissioners, and I understand that it outlines the policies and practices that apply to me as an employee.

I understand it is my responsibility to familiarize myself with all information in the Employee Handbook. Since the information, policies, and benefits, described in this handbook are subject to change, I understand and agree that such changes can be made either by the Oklahoma County Budget Board upon adoption of the Oklahoma County Board of County Commissioners, or, by each Oklahoma County Elected Official in the case of individual departmental policies (as described in Section 2.22.) which may apply to their respective employees. Provided, any changes made by an Oklahoma County Elected Official to the policies and practices described in the Employee Handbook, which are intended to apply to said Elected Official's employee's only, must first be reduced to writing, approved by the Oklahoma County Budget Board, and adopted by the Oklahoma County Board of County Commissioners, then copies provided to the affected employees in order to be effective. I understand this Employee Handbook and any aforementioned properly-adopted supplemental departmental policies represent the sole policy of each Oklahoma County Elected Official and replaces and supersedes any and all other oral or written personnel policies or procedures.

I understand this Employee Handbook is not, nor is it intended to be, a contract of employment. I understand I am an **employee-at-will** and understand that Oklahoma County retains the right to terminate employees at any time for any reason not prohibited by Federal, State or Municipal law, and I also understand employees can terminate their own employment at any time.

Furthermore, I acknowledge that the Oklahoma County Employee Handbook is neither a contract of employment nor a legal document. I have received a copy of the Employee Handbook and I understand that it is my responsibility to read and comply with the policies contained in the Employee Handbook and any revisions made to it. I understand that it is my responsibility to routinely check with my Supervisor, Human Resources representative and/or the Infozone for any updates or changes to this Handbook. I understand that this signed Employee Acknowledgement Form will be placed in my personnel file.

This is also to certify that I have received a copy of the Oklahoma County Drug and Alcohol Testing Policy (See section 2.8. of this handbook) and I understand the contents of the policy and the reasons behind the policy. I agree to adhere to the terms of the policy as a condition of my employment, or as a condition of my continued employment. I understand that this Acknowledgement of Receipt of the Oklahoma County Drug and Alcohol Testing Policy will be placed in my personnel file.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____