



**STANISLAUS COUNTY  
 ACKNOWLEDGMENT OF UNCLASSIFIED EMPLOYMENT STATUS  
 CONFIDENTIAL ASSISTANT AT WILL  
 ATTACHMENT #3  
 REVISED OCTOBER 2002**

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Whereas you have been selected for appointment to the position of Confidential Assistant \_\_\_ in the \_\_\_\_\_ Department.

Whereas you understand this position is assigned to the "Unclassified Service" of the County which means you may be released from your employment as a Confidential Assistant without reason or notice.

Whereas you have acknowledged and understand the employment status and have accepted the appointment to the position with these conditions:

1. **You understand and acknowledge that the position for which you are being appointed is assigned to the Unclassified Service of the County. As an Unclassified employee, you acknowledge that in this position you will be working as an at-will employee at the pleasure of the appointing authority. This at-will employment may be terminated with or without cause and with or without notice at any time by the appointing authority.**
2. You understand that if you previously held permanent status in a Classified position from which you are leaving to take a position in the Unclassified Service, you have certain limited retention rights. County Code Section 3.08.270 provides "...in the event that an employee in the Classified Service is appointed to a position in the Unclassified Service and is removed therefrom, the employee shall be restored to the Classified Service in their former classification and department unless the employee is terminated for cause or a vacancy in the former classification and department no longer exists."
3. You understand and acknowledge that you currently occupy a Confidential Assistant position and that this position has been designated as confidential pursuant to Section 3.68 of the County's Employee Relations Ordinance. You understand that should the current or future duties of this position no longer meet the criteria for a confidential designation, such designation will be removed. You understand that any additional benefits provided to confidential positions is tied to the specific position, and should you leave this position or should the duties no longer warrant a confidential designation, you will no longer be entitled to additional benefits.
4. You further understand that should you leave this position the confidential status remains with the position and is not transferable to a different position.
5. You understand and acknowledge that if any other implied or expressed promise of continued employment was made to you in relation to the position of Confidential Assistant \_\_\_\_, it is hereby rescinded by your signature on this document acknowledging the employment status of this position.

My signature below certifies I understand and acknowledge the above listed conditions of employment as an Unclassified, at-will employee. It supersedes all prior understandings and/or representations I may have had concerning my employment.

Print Employee's Name \_\_\_\_\_  
 Department \_\_\_\_\_  
 Employee Signature \_\_\_\_\_  
 Date Employee Signed \_\_\_\_\_

Print Department Head's Name \_\_\_\_\_  
 Department Head's Signature \_\_\_\_\_  
 Date Department Head Signed \_\_\_\_\_

\*Original Document to Employee's Personnel File