



**STANISLAUS COUNTY
PERSONNEL MANUAL
ACKNOWLEDGMENT OF UNCLASSIFIED EMPLOYMENT STATUS
MANAGEMENT AT WILL
REVISED NOVEMBER 1998**

Whereas you have been selected for appointment to or presently occupy the position of _____ 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 without reason or notice—"at will" status.

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

1. You understand and acknowledge that the position for which you are being appointed or presently occupy 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 and acknowledge that if any other implied or expressed promise of continued employment was made to you in relation to the position of _____, it is hereby rescinded by your signature on this document acknowledging the employment status of this position.
3. 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."

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 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