

Chehalem Park and Recreation District

HANDBOOK RECEIPT ACKNOWLEDGMENT FORM

NOTE: This signed form will be inserted into your personnel file.

As an employee of Chehalem Park and Recreation District, I acknowledge the following:

I have been given access to the Employee Handbook. I understand that the Handbook contains important information about Chehalem Park and Recreation District's policies, work rules, and my benefits. I have both read and understood the information in the Handbook and have asked my supervisor or the Administrative Coordinator for the clarification of any information I did not understand.

I acknowledge the Handbook is neither a contract of employment nor a guarantee of specific treatment in any situation; that the organization has the right to change, modify, add to, substitute, eliminate, interpret, and apply, in its sole judgment, the policies, rules, and benefits described in this Handbook; and that the current Handbook supersedes all prior handbooks, policies, and understandings related to the subjects it contains.

The Superintendent is the only persons authorized to make changes to the Handbook and all such changes must be in writing to be valid. Any changes to the content will be communicated to employees via official notices.

I understand that, unless stated otherwise in an employment contract, my employment relationship with the organization is "at-will" and either the organization or I can end the relationship at any time, with or without reason or notice. The Board of Directors of the Chehalem Park and Recreation District are the only person(s) who have the authority to enter into an employment contract, which must be in writing and signed by both parties to be valid.

Lastly, I am aware that I may be given confidential information during my employment, including customer lists, proprietary organization plans, and other information. I understand this information is critical to the success of Chehalem Park and Recreation District and I agree not to disseminate or use it outside of the organization, even in the event of my separation, either voluntary or involuntary.

I also acknowledge that before signing this form, I asked for and received clarification on any of the items discussed above that I did not understand.

Employee Signature

Date

Print Employee's Name