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***ACKNOWLEDGEMENT OF PERSONNEL POLICY MANUAL REVIEW  
OPPORTUNITY***

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I acknowledge that I have had the opportunity to review the Coshocton County Personnel Policy Manual and agree to abide by its terms. I understand that a copy of the Manual is available in each supervisors' and department heads' office and that I can review the Manual at any time. I understand that it is my responsibility to ask my supervisor for clarification of any policy that is unclear.

I understand that this Personnel Policy Manual is not intended and shall not be construed as any type of employment guarantee or employment contract. Coshocton County reserves the right to add, amend or delete the benefits, policies and procedures outlined in this Manual.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date