

**CITY OF MERIDIAN, MISSISSIPPI EMPLOYEE ACKNOWLEDGMENT FORM**

I acknowledge that I have received my personal copy of the City of Meridian's (City) Employee Handbook including policies and procedures effective\_\_\_\_\_. I understand that this handbook contains important information.

I have read and understand the guidelines stated in this handbook. I understand that if I have any questions about my employment or anything contained within this handbook, I should consult with my supervisor or the Human Resources Director. I understand that this handbook may be revised or amended within the discretion of the City of Meridian. I will receive a copy of any and all amendments or revisions.

I understand and agree that I will follow the policies, procedures, guidelines and rules outlined in this handbook. I will at all times strive to serve the residents of the City of Meridian with the best customer service and quality service in my position.

**I understand that there are no oral or implied contracts of employment at the City of Meridian and this handbook does not constitute an employment contract. I also understand that my employment is at will and can be terminated with or without cause at any time at the discretion of the City of Meridian in accordance with applicable law and subject to civil service protections, if I so qualify.**

I also understand that no one other than the Mayor of the City of Meridian has any authority to enter into any agreement for employment for any specified period of time, to assure me of any future positions, benefits, or terms or conditions of employment, or to make any promises contrary, or in addition, to this handbook. Any past or future promises contrary to, or in any way different from, this handbook, including my right, and the right of the City of Meridian, to terminate our relationship at our individual discretion must be in writing, signed, and dated by an officer of the City of Meridian.

Employee Name (please print):\_\_\_\_\_

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

Date: \_\_\_\_\_

Please sign, date, and return this page (or a photocopy) to your supervisor within three days of receiving a copy of this handbook.

Supervisor's Signature\_\_\_\_\_

Date: \_\_\_\_\_

TO BE RETAINED IN YOUR PERSONNEL FILE