

**GRAND FORKS COUNTY  
POLICY MANUAL**

**EMPLOYEE ACKNOWLEDGEMENT FORM**

**I understand that this Policy Manual describes important information about Grand Forks County and that I should consult my supervisor regarding any questions not answered in the manual. Since provisions of the manual are subject to change, I further understand that revisions to the manual may supersede or eliminate one or more existing policies.**

**I acknowledge that this Policy Manual is not a contract of employment. I have received, read, understood, and will comply with both the policies contained in this manual and any subsequent revisions.**

**I further acknowledge that acquainting myself with the procedures and work rules within my department is my responsibility and that this information is available from my Department Manager or supervisor.**

**I acknowledge that I may access the Grand Forks County Policy Manual on-line through the County of Grand Forks web site at [www.gfcounty.nd.gov](http://www.gfcounty.nd.gov).**

**I also acknowledge that I am responsible for reviewing this manual on an annual basis by September 30<sup>th</sup> of each year.**

\_\_\_\_\_  
**EMPLOYEE'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**EMPLOYEE'S NAME (TYPED OR PRINTED)**