

Statement of Employee Understanding

Employment with Smith County is considered “**at will**”. This is, either the employer or employee can sever the employment relationship at any time without notice for any reason, or for no reason at all. Employment “at will” has been Smith County’s employment policy in the past and Smith County will continue the “at will” policy until changed by official order of the Smith County Commissioners’ Court. Employment “at will” supercedes all other policies contained in the Smith County Personnel Policy Manual.

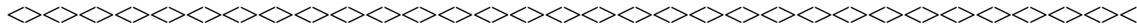
I, _____ an employee of Smith County, hereby disclose that I
Print Name
have read the above statement and understand that I have been employed “at will” by Smith County and that my signature below affirms that understanding. My signature also confirms that I have or will read and understand the Personnel Policy Manual and agree to follow and comply with the County’s and Departmental policies.

Signature

Date

Official/Supervisor/Witness

Date



Election of Disclosure

I, _____ an employee of Smith County, acknowledge that I have been aware that my records are subject to public access in accordance with the **Open Records Act**. I also understand that I have the option to deny certain information to be accessed if I so choose.

These items are:

- Home phone number
- Home address
- Social Security Number
- Information that provides knowledge of my dependents and/or marital status

I hereby elect to:

- A) **Deny** ____
OR
B) **Allow** ____

Signature

Date