

ACKNOWLEDGEMENT FORM

By my signature, I agree that I have been presented with an Employee Handbook and that the policies therein have been explained to me. I also agree that I have been given an opportunity to ask questions concerning my employment with Tift County and the policies I am expected to abide by. Furthermore, I understand that a current copy of the official Personnel Policy Manual will be maintained in every department and will be made available to me upon request.

In addition, I agree that all benefits available to me after my successful completion of the required probationary period have been presented and I have been given an opportunity to register for such benefits. I understand that there is a limited time at which I can register for these benefits and if I fail to comply, I will be unable to apply for these benefits until open enrollment which is held one time yearly.

New Hire Signature

Date

Department Head or Designee Signature

Date