



# Rutherfordton

A MINTED ORIGINAL

## Receipt of Town of Rutherfordton Personnel Policy

This is to acknowledge that I have received access to the Town of Rutherfordton Personnel policy that was adopted on October 7, 2020 and agree to comply with the policies it contains. I understand that the policies in this document are effective January 1, 2021, may periodically require changes and also understand that the Town reserves the right to revise, delete, and add to the provisions of this Policy at any time. I understand that this Policy is not intended to create contractual obligations concerning any matters it covers. I also understand that the Policy does not create a contract guaranteeing that I will be employed for any specific time. I understand that I am an at-will employee, which means that either the Town or I can terminate my employment at any time and for any reason unless the North Carolina Human Resources Act covers me. I understand that if I am in a position covered by N.C. Human Resources Act that the procedures under that law and relevant policies applicable to me. I also understand that only the Town Council can change at-will employment with the Town in a signed, written contract. I understand that although this Policy refers to and generally describes current benefit plans provided by the Town, however, the actual benefit plan documents and summary plan descriptions are controlling, and I must refer to these documents in the event of any benefits' issues or questions. I understand that I am responsible for reading, understanding, and complying with the provisions of this Town of Rutherfordton Personnel Policy.

EMPLOYEE SIGNATURE: \_\_\_\_\_

EMPLOYEE PRINTED NAME: \_\_\_\_\_

DATE OF SIGNATURE: \_\_\_\_\_