



## CITY OF SAN RAFAEL At-Will Employment Acknowledgment

I understand that the position I have accepted \_\_\_\_\_ (position title), is exempt from the classified service system as provided in the City of San Rafael's Personnel Rules and Regulations; and that I am an at-will employee. I acknowledge that my employment may be terminated with or without cause or notice, at any time, at the will of the City of San Rafael, in its sole discretion.

I understand that oral or implied contracts are void and that my at-will employment relationship can be modified only in writing (contract or personnel action form) ratified by the appointing authority.

I have read and understand the above statement and voluntarily accept my at-will employment status.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisory Signature