

CITY OF DODGEVILLE
EMPLOYEE HANDBOOK RECEIPT AND ACKNOWLEDGMENT

I acknowledge that I have received and read the City of Dodgeville Employee Handbook and understand the provisions contained herein. I understand that the terms described in the Personnel Handbook may be altered, modified, changed, or eliminated by the City at any time, with or without prior notice.

I further understand that the Handbook and any other provisions contained therein do not constitute a guarantee of employment or an employment contract, express or implied. I understand that, to the extent permitted by law, my employment is "at-will", and that my employment may be terminated at any time for any reason, with or without cause, and with or without notice.

PRINT FULL NAME: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

WITNESS: _____