

Lookingglass Rural Fire District

POLICY RECEIPT ACKNOWLEDGMENT FORM

As an employee and/or volunteer of the Lookingglass Rural Fire District, I acknowledge the following:

I have been **provided a copy of** the Prevention of Workplace Discrimination, Harassment, and Retaliation (Public Sector) Policy. I understand that the Policy contains important information. I have both read and understood the information in the Policy and have asked or will ask the Fire Chief or Board President for the clarification of any information I did not understand.

I acknowledge the Policy is neither a contract of employment nor a guarantee of specific treatment in any situation; that the organization has the right to change, modify, add to, substitute, eliminate, interpret, and apply, in its sole judgment and in accordance with the law this policy. I understand this Policy supersedes all prior policies, and understandings related to the subjects it contains.

The Lookingglass Rural Fire District Board of Directors are the only persons authorized to make changes to the Policy, and all such changes must be in writing to be valid. Any changes to the content will be communicated to employees via official notices.

I understand that, unless stated otherwise in an employment contract, my employment relationship with the organization is “at-will” and either the organization or I can end the relationship at any time, with or without reason or notice. The Fire Chief and/or Board President are the only people who have the authority to enter into an employment contract, which must be in writing and signed by both parties to be valid.

I also acknowledge that before signing this form, I asked for and received clarification on any of the items discussed above that I did not understand.

Employee Signature

Date

Print Employee's Name

NOTE: This signed form should be inserted into each employee's personnel file.