

I acknowledge that I have received a copy of the City of Pittsburg employee Policy Handbook. I understand and agree that it is my responsibility to review this handbook and familiarize myself with its contents.

I acknowledge and understand that employment with the City is **employment at will**. This means employment may be terminated, **with or without notice, and with or without cause at any time** by either the City or myself. Nothing in this employment handbook, or in any other document or statement, shall limit the City's right to terminate my employment at any time, with or without cause, or with or without notice or to make changes to my employment including, not limited to my position, title, job responsibilities or compensation and benefit level. I also understand and agree that no department head, manager, supervisor or other employee of the City has the authority to enter into any agreement for the employment for any specified period of time or to make any agreement for employment other than employment at will. I understand and agree that the City Manger is the only City employee who has the authority to make such an agreement, and only if it is in writing and signed by the City Manager and myself.

I further understand and agree that except for employment at will status, any and all policies and practices for the City can be changed at any time without notice by the City. I also acknowledge and understand that nothing in the Employee Handbook creates or is intended to create a promise or representation of continued employment with the City. Employment with the City is employment at will which means that my employment may be terminated, with or without cause, at the will of either the City or myself at any time.

Employee Signature

Date

Employee Printed Name

STATE OF KANSAS)
) ss:
CRAWFORD COUNTY)

BE IT REMEMBERED, that on this _____ day of _____, 20____, before me the undersigned, a Notary Public in and for the County and State aforesaid, came _____, who is personally know to me to be the same person who executed the foregoing instrument and duly acknowledged the execution of the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal, the day and year last above written.

Notary Public

My appointment expires: _____