



ACKNOWLEDGMENT of APPOINTED EMPLOYEE STATUS

By signing this document, I, _____ ,
(Print Legal Name)

acknowledge that as an employee hired into an Appointed position in accordance with Larimer County Human Resources Policy and Procedure, I am an “at will” employee and may be separated from this position at any time, with or without cause. I specifically acknowledge that I have no rights under the County’s internal corrective action, adverse action, problem solving, or grievance procedures. I also acknowledge that I have received a copy of Larimer County Human Resources Policy and Procedure and accept these terms of employment.

Dated this _____ day of _____, 20____

Employee Signature