



LIMITED TERM EMPLOYEE ACKNOWLEDGMENT

I, _____ (employee name) have been hired into a position designated by Larimer County as “Limited Term” which is either:

1. funded in whole or part through federal, state, other governmental or private grants, or other contracts which are limited in time or funding,
2. as a limited business need,
3. is otherwise limited in term due to a signed contract or agreement with my department/office or as approved by the Human Resources Director.

I understand that I may be separated from this position by the Decision Maker when the funding ends or is reduced, when there is no longer a business need for this position, or in compliance with the subject signed contract or agreement with my department/office in accordance with County Human Resources Policies and Procedures:

- 331.2 section VII
- 331.4 section I.A

By signing this document, I am acknowledging that I have received and reviewed the applicable sections of Larimer County’s Human Resources Policies and Procedures regarding Limited Term employment, specifically 331.2., and 331.4, and accept the conditions of this Limited Term employment.

Employee Name (print) _____

Employee Signature _____

Date _____