



**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*