

A C K N O W L E D G E M E N T

FOR

APPLICANTS (NON-COUNTY) OR

NON-TENURED EMPLOYEES

APPOINTED TO A LIMITED DURATION APPOINTMENT

I understand that my appointment is to a position established under a grant agreement, or other specific funding source having distinct time or funding limitations. I also understand that I will have all rights and benefits afforded all classified employees, except that I do not have continuing entitlement to the position to which I have been selected. I further understand, and agree, that at any time upon the decision of the Appointing Authority, or their delegate, or upon the depletion of funding, cancellation/expiration of the project for which appointed, or upon the failure to complete my initial probationary period, I shall be subject to termination from employment without the right of appeal to the Civil Service board. I understand, as a tenured employee, I may appeal any performance related disciplinary action as provided for in CS Rule 15.

I understand that this appointment is projected to end on or about _____ . [Indicate Projected Termination Date]

[Employee's Signature and Date]

[Witness's Signature and Date]