



Acknowledgment of Responsibility

I acknowledge that I have received an overview of Cobb County Government's policies during New Hire Orientation and understand:

- I must abide by the policies and procedures of Cobb County at all times during my employment.
- It is my responsibility to be familiar with the policies of the county.
- The county's policies and procedures are continually reviewed and are subject to change at any time during my tenure with the county.

I acknowledge and understand:

- County employees, other than Civil Service employees, are at-will employees, and that if my status is that of an at-will employee, I may terminate my employment or my employment may be terminated at any time, with or without cause, and with or without notice.
- If I am employed in a department where I may be eligible to become a Civil Service employee, I must first successfully complete a working test period.
- Should I become a Civil Service employee, my employment may be terminated only in accordance with the rules and regulations applicable to employees covered by the Civil Service System.

Receipt of Attendance Identification Number

- I acknowledge that I have received an employee ID number for the purposes of recording my attendance. I further acknowledge that I have received information regarding the procedure for recording my attendance.
- I understand that it is my responsibility to maintain and protect the use of this ID and my personal password, if applicable, in accordance with county policies upon assignment.
- I understand it is my responsibility to ensure the accuracy of the time worked and leave entries recorded on a time clock, PC, or telephone as authorized by my department. Should an error occur in recording my attendance, I understand that I am to submit an explanation in writing to my supervisor for correction as soon as I become aware of the error.
- I understand that failure to report omissions or errors may be deemed to be falsification of an official document which is a request for payment. I further understand that failure to protect, maintain, and/or utilize my ID number and employee badge in accordance with county policies may result in disciplinary action, up to and including termination.

I have been advised and understand that Cobb County is an equal opportunity employer and according to county policies harassment, discrimination and retaliation are not tolerated by any county employee.

Date _____

Print Legal Name _____

Signature _____