



**TOWNSHIP OF JACKSON
DEPARTMENT OF ADMINISTRATION
DIVISION OF PERSONNEL**

**ACKNOWLEDGEMENT OF RECEIPT
EMPLOYEE HANDBOOK**

I acknowledge that I have received a copy of Township of Jackson Employee Handbook. I agree to review the handbook and should there be any policy or provision in the Handbook that I do not understand, I will seek clarification from my supervisor, Department Head, or the Personnel Officer.

I understand that Jackson Township is an "at will" employer and consistent with applicable Federal and State law, including the New Jersey Civil Service Act, as well as applicable bargaining unit agreements, employment with the Township is not for a fixed term or definite period and may be terminated at the will of either party, with or without cause, and without prior notice.

No supervisor or other representative of the Township has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the above. In addition, I understand that this Handbook states the Township's personnel policies in effect on the date of publication and understand that these policies are continually evaluated and may be amended, modified or terminated at any time.

I understand that nothing contained in the Handbook may be construed as creating a promise of future benefits or a binding contract with the Township for benefits or for any other purpose

Please sign and date this receipt and return it to the Personnel Officer.

Date: _____

Print Name: _____

Signature: _____