

Dallas County Employee
Acknowledgement Form

Employee Name (please print): _____ **Date of Hire:** _____

Department Name: _____

I have attended the Dallas County New Employee Orientation Program and have received a copy (electronic or printed media) of Chapters 82 and 86 of the Dallas County Administrative Code. During this orientation, I was informed and understand that the Dallas County Commissioners Court at any time, may unilaterally implement changes in employment conditions, and rescind or add to any of the policies, benefits or practices contained within the Dallas County Administrative Code. Nothing in the Dallas County Administrative Code is to be construed as a contract of employment or a provision guaranteeing the specific term or tenure of employment.

Please initial: _____

I agree to review and abide by all terms and conditions described in the Dallas County Administrative Code, including but not limited to Chapters 82 and 86. I was also given an opportunity to pose any questions regarding the information contained in the Code.

Please initial: _____

I further acknowledge that I am obligated to read, review and abide not only with the terms of these conditions but also of any subsequent policies and that if I have a question about these, and/or any subsequent policies, I may discuss the question(s) with my supervisor.

Please initial: _____

Election to Withhold Personal Information

Pursuant to Texas Government Code §§552.024, I elect do not elect (*check one box only*) to deny public access to information in the custody of Dallas County that relates to my home address, home telephone number, or social security number, or that reveals whether I have family members. If I selected "I elect," I further elect to deny public access to any other information pertaining to me and to which access may be denied pursuant to amendments to the Public Information Act.

Forms Completion

Please initial, certifying that you have received each of these forms or materials and that they are included with this form as completed attachments.

_____ 1-9 Employment Eligibility Verification

_____ Non-Discrimination Title VI Policy Form

_____ Whistleblower Form

_____ Acknowledgement Form

Signature _____

Today's Date _____