

TERMS OF AT-WILL EMPLOYMENT

Conservation District		Effective Date	
Employee		Title	
Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Permanent Part-time <input type="checkbox"/> Temporary / Seasonal Part-time		
Salary/Rate of Pay <small>*Enter Gross Rate(s), not Net</small>	\$ _____ hour / month from OCC reimbursable funds \$ _____ hour / month from district funds \$ _____ quarter from OCC reimbursable funds / district funds		
FLSA Status	For the purposes of FLSA, all district positions are Non-Exempt .		
Non-exempt (check one)	<input type="checkbox"/> Overtime to be paid from locally earned funds <input type="checkbox"/> Overtime to be compensated in time off with pay		
Workweek Begins		Workweek Ends	
Work Days		Work Hours	
Lunch Time		Break Times	
Hours of Annual Leave Accrued per month		Hours of Sick Leave Accrued per month	
Holiday Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No		Health Insurance
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Immediate Supervisor		Positions Employee Supervises	
District Vehicles and Equipment Allowed to Use		Copy of signed job Description Is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*Form is considered incomplete if job description is not provided</small>	
Other Stipulations & Notes			
This form is designed to communicate to and obtain from the employee an acknowledgement of the general terms of his or her employment. The Conservation District maintains a strict policy of at-will employment with respect to both the duration and the terms and conditions of the employment relationship. This means the district reserves the legal right to change the terms and conditions of the employment relationship, or to terminate that relationship, at-will, with or without cause or prior notice. This policy of at-will employment is not subject to change and includes but is not limited to appointment, promotion, demotion, discipline and termination.			
The terms of employment were set forth by the board of directors in a duly convened board meeting on the _____ day of _____, 20_____.			
Signature of Chair		Date	
I have read this form, and I understand and agree to all terms of employment on this form. I understand that only the board of directors has the legal authority to establish my pay, appoint, reappoint, terminate, or in any way affect my employment status. I accept and agree that any oral or written promises by any other person are not binding upon the district.			
Signature of Employee		Date	