

**ACKNOWLEDGMENT FORM  
LIMITED DURATION EMPLOYMENT**

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Employee: \_\_\_\_\_

SSN: \_\_\_\_\_

To the Members of the Hidalgo County Commissioners Court:

I acknowledge, understand and agree that:

- (1.) I have been offered employment with Hidalgo County ("County") to fill a position vacated by a County employee ("former employee") who was called to military duty, that my position is one of limited duration, and that my County employment will end when the former employee returns from military duty;
- (2.) I am being hired to work a 40 hour work week, but that I am not guaranteed any minimum hours, and I have no guarantee of any minimum or maximum employment terms;
- (3.) The length of my County employment is dependent solely on when, or if, the former employee returns to County employment after the employee's military duty period ends; and
- (4.) If I complete six months of probationary employment with the County in the position I am being offered, that I will become a regular employee entitled to any benefits afforded to a regular County employee, but that even after I become a regular County employee, my employment nevertheless will end when the former employee returns from military duty.

I accept the County's limited duration employment offer on the terms and conditions outlined herein.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date