

**TEMPORARY EMPLOYEE
ACKNOWLEDGMENT FORM**

Date: _____

Employee Name: _____

Department Name: _____

Account No: _____

Slot No: _____

Effective Date: _____

Expiration Date: _____

This Acknowledgement is for the purposes of the above named employee to acknowledge that he/she has been offered employment with the County of Hidalgo as a Temporary Employee, as defined in the **County of Hidalgo Personnel Policy Manual**. Temporary employee means an individual hired by the County and/or District to fill a position budgeted and approved by the Governing Authority as a “temporary position”, which temporary position requires such person to perform work for a period not to exceed six (6) months, for a maximum of forty (40) hours per week. The temporary employee position does not constitute a guarantee of minimum hours or a minimum employment period.

The temporary employee position does not entitle the employee to any benefits afforded Regular Full-time or Part-time employees of the County, nor does it entitle the employee rights under the **County of Hidalgo Personnel Policy Manual**.

I have read and understand this Acknowledgement, and understand that I have been/shall be employed as a *Temporary Employee*.

Signature

Date