

COUNTY OF KANE

DEPARTMENT OF HUMAN
RESOURCE MANAGEMENT



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ACKNOWLEDGEMENT OF HAVING READ AND UNDERSTOOD EMPLOYEE POLICY HANDBOOK

This handbook is provided to employees as a guide and is not meant to create a binding contract between the employee and Kane County. The information in this handbook is subject to change as Kane County updates its policies. Any changes may modify, supersede, or eliminate the policies currently described. Every effort will be made to notify employees of any change in policy through the various communication channels used in Kane County. The Department of Human Resources Management will make every effort to issue revised policies, but it is the responsibility of the employee to maintain this document.

Due to statutory requirements, there may be exceptions to the policies, rules and regulations stated in this handbook. Employees who work in an office headed by an elected official with internal control should consult that official for guidance. Employees who work in unionized offices or departments should consult the collective bargaining agreement governing that specific office or department.

All Kane County employees can be terminated at any time unless otherwise prohibited by a written employment agreement or a collective bargaining agreement. The benefits, policies, practices and procedures described herein do not create a protected or enforceable interest and are subject to change, at the discretion of Kane County without notice.

A copy of the Employee Policy Handbook can be found on the County's intranet;

~~<http://web.kane/SitePages/Home.aspx>~~

hrm.kane/SitePages/Handbook.aspx
I, THE UNDERSIGNED, HAVE RECEIVED A COPY OF THE KANE COUNTY PERSONNEL POLICY HANDBOOK. I HAVE READ THE CONTENTS OF THE BOOK AND I UNDERSTAND THAT IT CONSTITUTES A SUMMARY OF THE PERSONNEL POLICIES ADOPTED BY THE KANE COUNTY BOARD. I ALSO UNDERSTAND THIS BOOK AND ANY SUBSEQUENT WRITTEN CHANGES MADE TO IT ARE MINE TO KEEP AS LONG AS I AM EMPLOYED BY KANE COUNTY. IF MY EMPLOYMENT IS TERMINATED FOR ANY REASON, I WILL RETURN THIS BOOK AND ANY ADDITIONAL CHANGES TO THE DEPARTMENT OF HUMAN RESOURCE MANAGEMENT.

EMPLOYEE'S NAME (PRINT) _____

EMPLOYEE'S SIGNATURE _____

DEPARTMENT / OFFICE _____

DATE _____

1/2017