

**DECLARATION OF UNDERSTANDING**

**EMPLOYMENT AT WILL**

**SOUTHERN UTE COMMUNITY ACTION PROGRAMS, INC.**

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**I hereby certify that I have been informed and understand that it is the policy of the SUCAP organization that all employees who do not have a separate, individual written employment contract with the Organization for a specific, fixed term of employment are employed at the will of SUCAP for an indefinite period of time.**

**I understand that the *SUCAP Personnel Policies and Procedures Manual* and the *Employee's Handbook* contain numerous policies and procedures that employees must follow, and I certify that I have read the *Employee's Handbook*. I acknowledge that neither of these documents modify, delete or in any way change the employment-at-will policy.**

**I understand that I may resign from SUCAP at any time, for any reason, and that I may be terminated by SUCAP at any time, for any reason, and with or without notice.**

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Print Employee's Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness' Signature**

\_\_\_\_\_  
**Date**

**Please email this completed form to [hr@sucap.org](mailto:hr@sucap.org) – signatures are requested during orientation.**