

DECLARATION OF UNDERSTANDING

EMPLOYMENT AT WILL

SOUTHERN UTE COMMUNITY ACTION PROGRAMS, INC.

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 – signatures are requested during orientation.