

**A C K N O W L E D G E M E N T**

**FOR**

**CURRENT COUNTY CLASSIFIED “TENURED” EMPLOYEES**

**SELECTED [NOT PROMOTED] TO A**

**LIMITED DURATION APPOINTMENT**

**WITHIN THE EMPLOYEE’S CURRENT AGENCY**

I understand that my appointment is to a position established under a grant agreement, or other specific funding source having distinct time or funding limitations. I also understand that I will retain all rights and benefits afforded all classified employees, except that I do not have continuing entitlement to the position to which I have been selected. I further understand and agree that upon the termination of this appointment I shall be returned to my former position and shall be placed in the same position of the salary range, plus, any performance increase(s) [percentage] and pay adjustment(s) that I would have received had I not left.

I understand that this appointment is projected to end on or about \_\_\_\_\_ . [Indicate Projected Termination Date]

\_\_\_\_\_  
[Employee’s Signature and Date]

\_\_\_\_\_  
[Witness’s Signature and Date]