

**EMPLOYEE ACKNOWLEDGEMENT**  
**(Greene County Personnel Handbook)**

The **Greene County Personnel Policy Handbook** describes important information about employment with the County of Greene. I understand that I should consult the elected official/department head or the County Attorney regarding any questions not answered in the handbook.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices and made available on the County's website. I understand that revised information may supersede, modify, or eliminate existing policies.

I understand the descriptive materials contained in this handbook are only summaries. Any discrepancies between these summaries and the terms of the actual plans will be governed by the terms of the underlying, more detailed policies and procedures. Any questions regarding summaries, their underlying policies and procedures, and any discrepancies between them should be directed through your elected official, department head, or to the County Attorney.

I acknowledge that this handbook is not a contract of employment. I am responsible to review the handbook, found at [www.co.greene.in.us/xxxxx](http://www.co.greene.in.us/xxxxx), and to comply with the policies contained in the current handbook or subsequent revisions.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (typed or printed)

\_\_\_\_\_  
Office/Department

**EMPLOYEE ACKNOWLEDGEMENT**  
**(Plan Document and Summary Plan)**

The **Plan Document and Summary Plan Description for the Greene County Employee Benefit Trust as Amended and Restated Effective May 1, 2018**, describes important information about its benefit plan. I acknowledge that I have received a copy of the plan by being directed to the plan's location on the county website.

Since the medical and prescription drug benefits are subject to change, I acknowledge that revisions to the plan may occur. All such changes will be communicated through official notices and made available on the County's website. I understand that revised information may supersede, modify, or eliminate existing benefits.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (typed or printed)

\_\_\_\_\_  
Office/Department