

## **INSTRUCTIONS**

1. Complete the Form
2. Save the form to your desktop or alternate location.
3. Attach the document(s) to an email and send to:  
personnel@howardcountyin.gov

## **TERMS OF ACCEPTANCE AND ELECTRONIC SIGNATURE**

By electronically signing this document, you warrant the truthfulness of the information provided in this document.

### **\*SURFACE USERS ONLY – WINDOWS 10**

If you are using Windows 10 with a Microsoft Surface you may experience an issue signing your document. You may download a free app such as XODO.

- Install XODO
- Save the Employment Application
- Open document in XODO and complete
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### **\*WINDOWS 10 USERS**

You will need to access the document(s) using an alternate browser, such as Chrome or Firefox.

### **MOBILE USERS (Android & Apple)**

You must have Adobe Reader or another compatible PDF editor installed prior to completing the document(s).



Howard County Personnel Office  
220 N. Main Street, Room 220  
Kokomo, IN 46901

## EMPLOYEE ACKNOWLEDGEMENT FORM

The Howard County Employee Handbook describes important information about employment with the County of Howard, and I understand that I should consult the Personnel Administrator regarding any question 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 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 to the Personnel Administrator.

Furthermore, I acknowledge that this handbook is not a contract of employment. I have received the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any subsequent revisions.

EMPLOYEE'S SIGNATURE

DATE

EMPLOYEE'S NAME (TYPED OR PRINTED)

EMPLOYEE'S DEPARTMENT