

DECLARATION OF UNDERSTANDING

EMPLOYMENT AT WILL

SOUTHERN COLORADO COMMUNITY ACTION AGENCY, INC.

I hereby certify that I have been informed and understand that it is the policy of the SoCoCAA 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 SoCoCAA for an indefinite period of time.

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

Employee's Signature

Print Employee's Name

Date

Witness' Signature

Date