
ACKNOWLEDGEMENT OF UNCLASSIFIED POSITION

I hereby acknowledge that the position I have accepted, _____,
[Job Title]

with the Department of Human Resources, _____,
[Organizational Unit]

is in the unclassified service. I understand that as an employee in the unclassified

service, my employment is “at-will” and I may be separated at any time without

notice or statement of reasons.* I Further understand that in accepting this

unclassified position, any employment rights I may have had in a position in the

classified service no longer exist.

[Name of Employee – Please Print]

[Signature of Employee]

[Date]

* Employees who first established membership in the Employees’ Retirement System prior to April 1, 1972, and who have a minimum of eighteen (18) years of State employment, may have involuntary separation rights under the Georgia Retirement System Law. See DHR Human Resource/Personnel Policy #1904 - *Involuntary Separation - Retirement Benefits* for specific information.