



**CITY OF MARSHFIELD, WISCONSIN**  
**Non-Represented Employee Signature**

I have access to the City of Marshfield personnel, finance and technology policies (policies) via the internet/intranet or have received a hard copy (for those that do not have access to a computer). I have read and I understand its contents. I acknowledge that it is my responsibility to ask questions about anything I do not understand.

I understand that it is my responsibility to comply with all City of Marshfield policies, rules and expectations as set forth in the policies, as well as policies, rules and expectations that the City of Marshfield may otherwise establish or change from time to time. I further understand and acknowledge that the City of Marshfield policies provide guidelines and information, but the City's policies are not, nor are they intended to constitute, an employment contract of any kind. I understand that any contract or employment agreement must be authorized and approved by the Common Council at a duly-noticed meeting. I acknowledge that I have not entered into any such individual agreement or contract by acknowledging these policies or by following any of the provisions of the policies. I understand that the contents of these policies and my compensation and benefits may be changed by the City of Marshfield at any time, with or without notice to the extent permitted by law.

I understand that my employment can be terminated at the option of either the City or me, at any time for any reason. I understand that the City of Marshfield policies and the Acknowledgment Form do not vary or modify the at-will employment relationship between the City and me.

By signing, I agree to the above terms and policies.

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Name

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Date

Print this document, sign it, and return it to Human Resources.