



## Acknowledgement of At Will Employment

Appointment Date \_\_\_\_\_

Anticipated End Date \_\_\_\_\_

I certify that I understand that I shall obtain no permanent or probationary status in state service because of this appointment or extension; and, that this appointment may be ended at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*(Signature required on temporary, emergency, provisional, unclassified, trainee, and intern appointments and extensions.)*

If you require an alternate format (i.e. large print, etc.) call 651-259-3775/Voice or 651-282-2699/TTY.