PART-TIME AND TEMPORARY EMPLOYMENT ACKNOWLEDGEMENT

I, _____________________________________, understand and agree that my employment with Macomb County as a part-time or temporary employee does not include benefits, including, but not limited to:

- Holidays/Holiday Pay
- Bereavement Pay
- Paid Time Off
- Insurance Coverage
- Sick Leave
- Life Insurance
- Retirement
- Long Term Disability
- Longevity
- Voluntary Benefit Program
- Jury Duty

_____________________________________   _____________________
Employee Signature           Date

_____________________________________   _____________________
Witness Signature           Date

Approved 11-16-16