Howard County MARYLAND

Department of County Administration

OFFICE OF HUMAN RESOURCES

Jimmie Lynn Saylor, Administrator

ACKNOWLEDGMENT OF CONTINGENT EMPLOYMENT STATUS

I have been advised and fully understand that the employment position which I have accepted with Howard County, Maryland ("County") is defined by the County as a "Contingent Employment Position" and that I will be designated a "Contingent Employee."

I have also been advised and fully understand that as a Contingent Employee:

1. I will serve at the pleasure of the Appointing Authority of the Department to which I am assigned, and may be dismissed from my employment position at any time, with or without cause.

2. I will not be eligible to participate in any of the benefit plans or programs which the County makes available or awards to other County employees.

3. I will be paid an hourly wage for the hours I actually work at a rate of **$ _____ . ____** per hour, and that this hourly rate may not be changed without the approval of the County's Human Resources Administrator.

4. I will receive no advantage or preference in hiring should I hereafter seek another employment position in the County.

5. My tenure or service as a Contingent Employee will not be credited or counted as employment with the County for the purposes of determining my entitlement to any employee benefits should I hereafter accept another employment position with the County.

Signature	Date	Witness Signature	Date
Print Name		Social Security Number	

FOR OFFICE USE ONLY

Dept.: _____ Class : 00 Category: _____ Grade: CNB - _____ EEO:

NOTE: A SIGNED PERSONNEL ACTION FORM MUST BE SUBMITTED WITH THIS FORM.