



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #302 A1**

UNCLASSIFIED EMPLOYMENT ACKNOWLEDGEMENT

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

accepted with the Department of Human Services in the _____
[Organizational Unit]

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

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

notice or statement of reason. ¹I further understand in accepting this

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

classified service no longer exists.

Employee Printed Name: _____

Employee Signature: _____

Date: _____

¹Employees who first established membership in the Employees' Retirement System prior to April 1, 1972 and have a minimum of eighteen (18) years of state employment, may have involuntary separation rights under the Georgia Retirement System Law. See DHS Human Resources Policy #1904 — Involuntary Separation - Retirement Benefits for specific information.