

PART-TIME EMPLOYMENT ACKNOWLEDGMENT

By my signature, I, _____, understand and accept that my employment is classified as “part time.” This “part-time” position customarily provides for less than forty hours per week. Although I may be required to work a forty-hour work week at times, a forty-hour work week is not guaranteed nor is it customary.

The amount of hours available to me to work is solely dependent upon work availability and the needs of my employer. Any provisions in my application of employment concerning my preference as to my designation, the number of hours willing to work, or of my availability to work, is only a request and is not binding upon my employer.

My designation as a “part-time” employee will remain in effect, until it is modified by my employer in writing.

Signature

Printed Name

Date

Signature of Employer
Representative

Printed Name of Employer
Representative