

These documents can be viewed online anytime at www.westseneca.net > departments and services > youth & recreation > employee info > staff handbook.

RECEIPT FOR STAFF MANUAL

I acknowledge that I have received a copy of the Town of West Seneca Recreation Department Staff Manual for the 2018-19. I agree to read it thoroughly and if there is any policy or provision in the Manual that I do not understand, I will seek clarification from Human Resources. I understand that the Town of West Seneca is an "at will" employer, and as such, employment with the Town is not for a fixed term or definite period and may be terminated at the will of either party, with or without cause, and without prior notice.

I understand that this Manual does not constitute a contract of employment and that no Department Head or other representative of the Town (except the Board) has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the above. I understand that any such agreement must be in writing and signed by the Board to be effective.

In addition, I understand that this Manual states the Recreation Department's policies and practices in effect on the date of publication. I understand that nothing contained in the Manual may be construed as creating a promise of future benefits or a binding contract with the Department or the Town for benefits or for any other purpose. I also understand that these policies and procedures are continually evaluated and may be amended, modified or terminated at any time, with or without advance notice to me.

Date: _____

Signature: _____

Print Name: _____

RECEIPT FOR SOCIAL NETWORKING POLICY

I acknowledge that I have received a copy of the Town of West Seneca Social Networking Policy. I agree to read it thoroughly and if I have any questions, I will seek clarification from Human Resources.

Date: _____

Signature: _____

Print Name: _____

RECEIPT FOR SEXUAL HARASSMENT PREVENTION POLICY

I acknowledge that I have received a copy of the Town of West Seneca's Sexual Harassment Prevention Policy. I agree to read it thoroughly and if there is any provision in the Policy that I do not understand, I will seek clarification from Human Resources.

Please sign and date this receipt and return it to Human Resources or your Department Head.

Date: _____

Signature: _____

Print Name: _____