



---

## CITY OF ELIZABETH CITY

---

I hereby verify, by my signature below that I understand that any benefits that I receive during my tenure with the City of Elizabeth City may be subject to change by the City Manager and the City Council.

&

I have received a copy of the City's Personnel Policy Manual effective July 2014. "These policies are intended for use as a general guide only. Neither it, City practices, nor other communications create an employment contract or term."

---

EMPLOYEE SIGNATURE:

---

(Print) Employee Name

---

DATE: