



STATEMENT OF UNDERSTANDING

I, the undersigned, accept employment with Pinal County with a full understanding of the following conditions:

1. My continued employment is contingent upon funding being provided by sources other than the Pinal County General Fund.
2. In the event the funds which support my position are no longer available my position may be eliminated and I could be subject to layoff under the provisions of Rule 10 of the Pinal County Merit System Rules.

Printed Name: _____

Signature: _____ Date: _____

Witnessed: _____ Date: _____