



ACKNOWLEDGEMENT OF UNCLASSIFIED POSITION

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

with the Department of Behavioral Health and Developmental Disabilities,

_____ is in the unclassified service.
[Organizational Unit]

I understand that as an employee in the unclassified service, my employment is “at-will” and I may be separated at any time without notice or statement of reasons.* I Further understand that in accepting this unclassified position, any employment rights I may have had in a position in the classified service no longer exist.

[Name of Employee – Please Print]

[Signature of Employee]

[Date]

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

Please refer to DBHDD Human Resource Policy #302 - *Movement from Classified to Unclassified Employment* for additional information on movement to the unclassified service.