



ACKNOWLEDGEMENT OF UNCLASSIFIED POSITION

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

with the Georgia Vocational Rehabilitation Agency, _____
[Program/Unit]

is in the unclassified service. 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 understand that in accepting this unclassified position, any employment rights I may have had in a position in the classified service no longer exists.

[Name of Employee – Please Print]

[Signature of Employee]

[Date]