

# ACKNOWLEDGEMENT OF UNCLASSIFIED POSITION

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

with the Department of Human Services, \_\_\_\_\_  
[Organizational 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 further 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]

- \* 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 DHS Human Services/Personnel Policy #1904 - *Involuntary Separation - Retirement Benefits* for specific information.

Please refer to DHS Human Services/Personnel Policy #302 - *Movement from Classified to Unclassified Employment* for additional information on movement to the unclassified service.