

**ACKNOWLEDGEMENT FOR EMPLOYEES
CHANGING TO AN UNCLASSIFIED POSITION**

I hereby acknowledge that I have accepted a position with the Georgia Department of Corrections that is in the unclassified service and will no longer be covered by the unique rules of the Classified Service as set forth in O.C.G.A. Sections 45-20-8 and 45-20-9.

I understand that in this unclassified position, I am considered an “at-will employee”. The Department reserves and retains the right to make changes in the terms and conditions of my employment as the Department determines to be necessary or appropriate.

Name (please print)

Social Security Number

Signature

Date

Location/Facility