

Employee Acknowledgment Form

I acknowledge I have electronic access to the City of Margate Employment Guide, and I agree to read and abide by the applicable civil service rules and policies within. I understand that the policies in the Employment Guide shall apply to all employees of the City of Margate. I further understand that the City's Code of Ordinances, as well as applicable collective bargaining agreements (CBAs), also provide a majority of the policy and rule guidance for employees. If I am covered by a CBA I should first check my CBA, and if a policy therein conflicts with a rule or policy in this Guide, the CBA shall prevail.

I understand that State of Florida and federal laws shall also override any conflicting City policy.

If I should have any question about the contents of the Employment Guide, I shall consult with a supervisor or a member of the Human Resources Team.

Name: _____

Signature: _____

Date: _____