



**HCCAA EMPLOYEE PERSONNEL POLICIES  
ACKNOWLEDGEMENT AND RECEIPT FORM**

Reviewed and approved by Board: May 30, 2017  
Effective date: July 1, 2017

My signature below certifies and acknowledges that I have read and agree to abide by the Personnel Policies of Hill Country Community Action Association, Inc. (HCCAA).

I understand that:

1. Nothing in this Personnel Policy Manual/Employee Handbook is intended to imply or mean that this manual is a contract or that I have any contractual rights to any benefits provided herein;
2. The rules and policies noted in this document or otherwise set forth may be waived or changed by HCCAA without notice;
3. The benefits provided by HCCAA may be changed without notice; and
4. HCCAA may terminate my employment at any time, with or without notice or cause, just as I have the right to terminate my employment at any time.

\_\_\_\_\_  
Employee (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\* Mail to HR Department PO BOX 846 San Saba, Texas 76877 or email receipt form to [amiller@hccaa.com](mailto:amiller@hccaa.com)**