

# ACKNOWLEDGEMENT OF RECEIPT OF ATTENDANCE IDENTIFICATION NUMBER & RESPONSIBILITIES

## ACKNOWLEDGEMENT

I acknowledge that I have received an employee ID number for the purposes of recording my work attendance. I further acknowledge that I have received information regarding the procedure for recording my attendance.

I understand that it is my responsibility to maintain and protect the use of this ID and my personal password, if applicable, in accordance with County policies upon assignment.

I understand it is my responsibility to ensure the accuracy of the time worked and leave entries recorded on a time clock, PC, or telephone as authorized by my department. Should an error occur in recording my attendance, I understand that I am to submit an explanation in writing to my supervisor for correction as soon as I become aware of the error.

I understand that failure to report omissions or errors may be deemed to be falsification of an official document which is a request for payment. I further understand that failure to protect, maintain, and/or utilize my ID number and employee badge in accordance with County policies may result in disciplinary action, up to and including termination.

If needed, I can obtain clarification of any policy or procedure by contacting my supervisor, my department head, my department personnel representative, or the Human Resources Department.

I understand that the policies and procedures of Cobb County are under continuing review and are subject to change at any time.

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Date \_\_\_\_\_

Print Legal Name \_\_\_\_\_

Signature \_\_\_\_\_