I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_understand that I currently occupy the position listed below and that this position has been designated as confidential pursuant to Section 2.79 of the County’s Employee Relations Ordinance and County Policy 206, “Confidential Designation”.

I understand that, should the current or future duties of this position no longer meet the criteria for a confidential designation, such designation will be removed. I understand that any additional salary and/or benefits provided to confidential positions are tied to the specific position, and should I leave this position or should the duties no longer warrant a confidential designation, I will no longer be entitled to the additional compensation and benefits.

I understand that a Confidential Designation is not a right afforded to employees, and that only the County, subject to limitations associated with Policy 206 and the Employee Relations Ordinance, may seek to designate a position as confidential.

I further understand that, should I leave this position, the confidential status remains with the position and is not transferable to a different position.

Please sign and return the original to your payroll specialist within one week of receipt.

Class Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incumbent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reports to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_