

SEASONAL EMPLOYMENT ACKNOWLEDGMENT

By my signature, I, _____, understand and accept that my employment is classified as “seasonal.” This “seasonal” position customarily operates only during regularly recurring periods of less than 44 weeks per year. Although I may be required to work a forty-hour work week during these regularly recurring periods, I specifically acknowledge that I am not a full-time employee of the company. I understand and accept that my hours are based on the amount of hours worked per “season” or “period,” and the amount of hours worked per week will not, in any way, affect my designation as a seasonal employee.

The amount of hours available to me to work is solely dependent upon work availability and the needs of my employer, along with the specified “seasons” or “periods” in connection with the position for which I am hired. Any provisions in my application of employment concerning my preference as to my designation, the number of hours willing to work, or of my availability to work, is only a request and not binding upon my employer.

My designation as a “seasonal” employee will remain in effect, until it is modified by my employer in writing.

Signature

Printed Name

Date

Signature of Employer
Representative

Printed Name of Employer
Representative