THE UNIVERSITY *of* *TENNESSEE*
Health Science Center

Human Resources
910 Madison Ave, Suite WP012
Memphis, TN 38163
Tel: (901) 448-5600 Fax: (901) 448-5170

Employee Position Description Questionnaire Receipt and Acknowledgment Form

I _____ certify and acknowledge the following:
[print name]

- I have received and read a copy of my Position Description Questionnaire for the position of _____. I understand that the position responsibilities are subject to change or may be revised based on the University of Tennessee Health Science Center's particular circumstances of a given situation.
- It is expressly understood that the contents of this Position Description Questionnaire do not constitute the terms of a contract of employment, but rather my employment with University of Tennessee Health Science Center is on an at-will basis, which means that the employment relationship may be terminated at any time by either the employee or University of Tennessee Health Science Center with or without cause and with or without notice.

_____
Employee's Signature

_____
Employee's Printed Name

_____
Date