ATASCOSA COUNTY

GRANT-FUNDED COMPENSATION ACKNOWLEDGMENT AND AGREEMENT

Employee Name: _____
Position Title: _____
Department: _____
Grant Program/Funding Source: _____
GI#_____
Effective Date_____

Purpose
This agreement outlines the terms and conditions of compensation provided to the above-named employee through grant funding.

Grant-Funded Compensation Terms
The County agrees to provide the Employee with grant funded compensation in the amount of $_____ in addition to the Employee's regular County funded compensation for duties and/or responsibilities associated with the above-referenced grant program. This grant- funded compensation amount shall be effective beginning _____ and is anticipated to continue through _____, contingent upon the availability of grant funding and operational needs.

Acknowledgment of Non-Guaranteed Compensation
The Employee acknowledges and understands that:

1. This compensation is grant-funded and may be temporary in nature.
2. The grant-funded compensation is not a guaranteed form of compensation and does not create an expectation of continued payment.
3. The County makes no promise or guarantees of ongoing pay beyond the availability of grant funds, approved program participation, or operational necessity.
4. This grant-funded compensation may be modified, reduced, suspended, or discontinued at any time, with or without notice, due to grant expiration or

suspension, funding reductions, budgetary changes, program modifications, performance concerns, or administrative decisions.

5. This grant-funded compensation amount shall not be considered part of the Employee's base salary or regular wages for purposes of future total compensation calculations, raises, promotions, retirement benefits, leave accruals, or other employment-related benefits unless otherwise required by law or policy.
6. Nothing in this agreement alters the Employee's "at-will" employment status or constitutes a contract for continued employment.

Employee Acknowledgment and Acceptance of Grant-Funded Compensation
By signing below, the Employee acknowledges that they have read and understand the terms of this agreement and understand that grant-funded compensation may be temporary and is not guaranteed.

Employee Signature: _____
Date: _____

Supervisor/Department Head: _____
Date: _____

HR Representative: _____
Date: _____