



Temporary Position Acknowledgement Form

I, _____, acknowledge that the position of _____ is a temporary position currently established through _____. I understand that this position is based on the College's determination of department/program needs and/or budgetary restraints and that although the position may continue to be funded after the above date, it may be abolished at any time at the College's sole discretion, at which time, my employment will be terminated.

Signature

MDID

Date