

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
STATEMENT OF UNDERSTANDING**

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Title of Position: \_\_\_\_\_

Through my signature on this document, I certify that copies of the Mississippi State Employee Handbook, Mississippi Department of Human Services, Division of Youth Services Policies and Procedures Manual, and Section 43-27-20(b) re: residency requirements and (c) re: statutory duties of the Mississippi Code of 1972 have been shared with me and that I thoroughly understand the policies and procedures, etc., therein explained. Further, I certify that I have received a description of the job, as well as a complete explanation of my job elements and standards, hours to be worked, leave policies, employment status, liability insurance coverage responsibilities, the Employee Performance Appraisal System. I am a probationary employee for one year and can be terminated with cause.

I accept this job fully understanding and accepting the aforementioned.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date