



and understand that any part or condition of this agreement may be changed and/or rendered invalid as a result of legislative, executive, or judicial action of the State of Washington. Where upon, this agreement will be terminated in compliance there of.

\_\_\_\_\_  
Employee Signature                      Date

\_\_\_\_\_  
Administrator Approval                      Date

\_\_\_\_\_  
Supervisors Signature                      Date

\_\_\_\_\_  
Vice President of Human Resources                      Date  
And Legal Affairs