



	(Employee A Name), employed by
Reeves County as a	(job title), and
	(Employee B Name), employed by
Reeves County as a	(job title), hereby notify Reeves
County that we have entered into a voluntary and mutua	al consensual social relationship.
In entering into this relationship, we both understand an	d agree to the following:
Our personal relationship is voluntary and conser	nsual.
We are both free to end the relationship at any tire	me.
 If the social relationship should end, we both agree relationship to negatively impact our job performance. 	
We will act professionally in the workplace without	ut public display of affection.
 We have received and reviewed Reeves County's which is attached. 	s sexual-harassment policy, a copy of
 We acknowledge that the social relationship betw County's policies and that entering into the social condition or term of employment. 	
Employee A (print name):	
Employee A (signature):	
Date:	
Employee B (print name):	
Employee B (signature):	
Date:	

(RETURN A COPY TO HUMAN RESOURCES)