



**STATEMENT OF RESPONSE TIME**

I, (print your name) \_\_\_\_\_, fully understand that as part of my employment with the Lexington-Fayette Urban County Government, Division of Community Corrections, I must reside within a one (1) hour response time to the work site in case of emergency and/or recall to duty.

Further, I understand that this requirement must be met within the twelve (12) month probationary period as a condition of permanent employment.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

