

ACKNOWLEDGEMENT OF POLICIES/NOTICES

I _____ (printed name) hereby acknowledge that I have read and understand the information contained in the below listed documents. I also acknowledge that I have completed all payroll information including Salary Step Schedule, Deductions, W-4, CEA Dues, TSA, Insurance Deductions, etc.

I acknowledge that I have received, read, and understand the following documents:

- Drug/Alcohol Policy
- Asbestos Notification and Information
- Choice of Doctor-for Workers Compensation
- Crisis Plan Book
- Parent/Student Handbook
- Staff Handbook
- Retirement Beneficiary Designation
 - This form is an **optional** yearly update of your beneficiary information, it is not required that you complete this form, but it is required that the school produce the paperwork and give you the opportunity to update this information.
- Blue Cross/Blue Shield Approval of Coverage

I _____ (printed name) would like to change my contribution to my 403(b) account. Please deduct \$_____ from my monthly paycheck to be deposited in my 403(b) account.

After completing and understanding the information listed above please sign and return this form to the office. Due by August 22, 2014!

Signature

Date