



**ACKNOWLEDGMENT OF RECEIPT**

I hereby acknowledge receipt of **University Hospital's Employee Handbook**, and further acknowledge that it is my responsibility to read and understand its contents. I understand this handbook is intended as a general source of information and nothing contained in this handbook constitutes a contractual agreement between me and the Hospital. I further understand that, University Hospital reserves the right to change, rescind or add to its policies, benefits and/or practices at any time without prior notice.

Name (Please Print Name): \_\_\_\_\_

Employee I.D. #   A  \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor or Human  
Resources Representative: \_\_\_\_\_

Date: \_\_\_\_\_

