EMPLOYEE ACKNOWLEDGEMENT & CERTIFICATION OF UNDERSTANDING

As an employee of The College of Southern Idaho, I acknowledge that I have been provided with the electronic website address http://hr.csi.edu/handbook/tofcmanual.htm and had an opportunity to examine the Policy and Procedures Handbook. I agree to familiarize myself with its contents and comply with the information provided. I understand that the information contained in the College's Policy & Procedures Handbook represents guidelines only and that the College may modify those guidelines or amend or terminate any policies, procedures or employee benefit programs at any time. I accept the responsibility to keep myself informed of any changes made to the Handbook.

I understand that the College's Policy & Procedures Handbook does not constitute a contract of employment between me and the College. I agree that upon termination of my employment at the College, the College will owe me only my accrued but unpaid wages, including accrued but unused vacation.

I further understand that no officer or representative of the College other than the President or his/her designee has any authority to enter into any agreement guaranteeing any terms, conditions or benefits of employment, employment of any specific nature or employment for any definite period of time. I also understand that any employment agreement guaranteeing any of the foregoing, if made, will not be enforceable unless it is in writing and signed by the President of the College or his/her designee.

* As a faculty member I acknowledge that I have been provided with the electronic website address http://hr.csi.edu/facultyHandbook/ and had an opportunity to examine the Faculty Handbook. I agree to familiarize myself with its contents and comply with the information provided. I understand that the information contained in the Faculty Handbook represents guidelines only and that the College may modify those guidelines or amend or terminate any policies or procedures at any time.

Hard copies are available upon request

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PRINTED EMPLOYEE NAME

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SIGNATURE OF EMPLOYEE

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DATE

Copy: Employee Personnel File