

Schleicher County ISD

Employee Handbook Receipt

Name: _____

Campus/Department: _____

The Employee Handbook will be accessible on-line in electronic format for all Schleicher County ISD employee's at the start of the school year **2011-2012**.

I hereby acknowledge access and receipt on-line of my personal copy of the Schleicher County ISD Employee Handbook. I agree to receive the employee handbook by electronic format and accept responsibility for accessing according to the instructions provided. I agree to abide by the standards, policies, and procedures defined or referenced in this document. I further acknowledge that I have the option to receive a paper copy of the Employee Handbook by submitting a written request to the administration office.

The information in this handbook is subject to change. I understand that changes in district policies may supersede, modify, or eliminate the information. I accept responsibility for reading and abiding by the changes.

I understand that no modifications to contractual relationships or alterations of at-will employment relationships are intended by this handbook.

I understand that I have an obligation to inform my supervisor or department head of any change in personal information, such as phone number, address, etc. I also accept responsibility for contacting my supervisor or the superintendent if I have questions or concerns or need further explanation.

Signature: _____

Date: _____