



Employee Acknowledgement Form

This form is to be signed and returned to the Human Resources Department.

The *Wisconsin Rapids Public Schools Office/Clerical and Aide Support Staff Employee Handbook* describes important information about the District. I understand that I should consult the Human Resources Department if I have any questions that are not answered in this *Handbook*.

I understand and acknowledge that there may be changes to the information, expectations, and benefits in the *Handbook*. I understand that the Wisconsin Rapids Public Schools may add new language to the *Handbook* as well as replace, change, or cancel existing language. I understand that *Handbook* changes can only be authorized by the District Administrator or Board of Education of the Wisconsin Rapids Public Schools.

I understand and acknowledge that this *Handbook* is not a contract of employment or legal document. I understand and acknowledge that the *Handbook* does not alter my employment status or guarantee employment for any definite period of time. I have received the *Handbook* and I understand that it is my responsibility to read and follow the expectations contained in this *Handbook* and any future changes made to them.

EMPLOYEE'S NAME (*printed*): _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____