

ALVIN COMMUNITY COLLEGE

**COLLEGE POLICY AND PROCEDURES MANUALS
NOTIFICATION CONFIRMATION**

(Please Print or Type)

EMPLOYEE NAME: _____ **EMPLOYEE ID:** _____

POSITION TITLE: _____

- I hereby acknowledge that I have received information regarding the on-line copy of the Administrative Procedures and Board of Regents Policy manuals. I understand that these publications provide guidelines on the policies, procedures, and programs affecting my employment with Alvin Community College.
- I acknowledge that any changes made by Alvin Community College with respect to College policies, procedures, or programs can supersede, modify, or eliminate any of the policies, procedures, or programs outlined in the manuals.
- I accept responsibility for familiarizing myself with the information in the manuals, and will seek clarification and/or guidance if questions arise concerning the information presented.

Employee Signature

Date