

COLLEGE OF MOUNT SAINT VINCENT

**Please print this form. After signing the form, please send to
Human Resources to include in your personnel file.**

College of Mount Saint Vincent – Employee Manual

UNDERSTANDING BY EMPLOYEE

By signing below, I hereby acknowledge that I have received a copy of the College of Mount Saint Vincent Employee Manual via e-mail, and I was informed that the Employee Manual is also available to me on the College’s Intranet.

I understand that as an Employee of the College I am responsible for reviewing and complying with the terms, conditions and policies set forth in the Employee Manual. I understand that my employment with the College of Mount Saint Vincent is “at will,” and that only a written agreement signed by both the President of the College and me can create a guarantee of employment for any specified period of time.

Employee Signature

Date

Employee Name (Please Print)