

**APPENDIX 3.0.1: ACKNOWLEDGMENT AND RECEIPT OF THE  
FONTBONNE UNIVERSITY POLICY MANUAL**

I acknowledge that I have received access to the Fontbonne University Policy Manuals that are applicable to me, and I will review and comply with its contents.

I understand and agree that all provisions in the Policy Manuals must be followed at all times. I understand that the University reserves the right to make any adjustments or changes at the University's discretion.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Read, understand, sign, date and return this Acknowledgement form to the Director of Human Resources.

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