

**APPENDIX 5.0.1: 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 their 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 Acknowledgment Form to the Director of Human Resources.

Appendix 5.4.1.1: Authorized Payroll Deduction Form