



# HOWARD PAYNE UNIVERSITY

## ADMINISTRATIVE POLICIES

### EMPLOYEE ACKNOWLEDGEMENT FORM

I acknowledge having received a copy of the *Howard Payne University Administrative Policies*. I also acknowledge that these same policies are available to me at any time on the university's computer.

I understand that I am responsible for complying with these policies. I also understand that the *Howard Payne University Administrative Policies* are not a contract and are subject to change in writing by the president at any time.

---

Employee's Signature

---

Date

---

Employee's Name, Printed