

**Acknowledgements**

Employee Name:

Last 4 digits of SSN:

Position/Title:

Department:

# Workers’ Compensation Insurance Notice to Employees

Grayson College has Workers’ Compensation Insurance coverage through Claims Administrative Services, Inc. to protect you. You can get more information about your workers’ compensation rights from any office of the Texas Workers’ Compensation Commission, or by calling 1‐800‐252‐7031.

You may elect to retain your common law right of action if, no later than five days after beginning employment, you notify Grayson College in writing that you wish to retain your common law right to recover damages for personal injury. If you elect your common law right of action, you cannot obtain workers’ compensation income or medical benefits if you are injured.

I have read and understand the above notice.

# Primary Language Declaration / HB‐638 Compliance

State Law requires compliance with House Bill 638 [Section 51.917(a)(2)]. It is not, nor will it be, applied in ways that might affect hiring decisions or impinge upon equal opportunity legislation. All **faculty members, full and part time,** who teach courses offered for academic credit must complete this section.

I certify that my primary language is English.

My primary language is not English. Please specify:

**Signature:**

**Date:**

**Employee Handbook Receipt**

Name

Campus/Department

I hereby acknowledge receipt of a copy of the Grayson College Employee Handbook. I agree to read the handbook and abide by the standards, policies, and procedures defined or referenced in this document.

Employees have the option of receiving the handbook in electronic format or hard copy. The electronic format is available on the Grayson College website under [Policies, Handbooks, & Guides](http://www.grayson.edu/employee-resources/policies%20handbooks%20and%20guides.html).

Please indicate your choice by checking the appropriate box below:

I choose to receive the employee handbook in electronic format and accept responsibility for accessing it according to the instructions provided.

I choose to receive a hard copy of the employee handbook.

The information in this handbook is subject to change. I understand that changes in college policies may supersede, modify, or render obsolete the information summarized in this book. As the college provides updated policy information, I accept responsibility for reading and abiding by the changes.

I understand that no modifications to contractual relationships or alterations of at-will employment relationships are intended by this handbook.

I understand that I have an obligation to inform my supervisor or department head of any changes in personal information such as phone number, address, etc. I also accept responsibility for contacting my supervisor or the human resources office if I have questions or concerns or need further explanation.

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Signature Date