Employee Acknowledgement

Regarding my employment at FIT, I understand the following:

- I understand that this job posting in no way states or imply that these are the only duties to be performed. I understand that I will be required to follow any other job-related instructions and to perform other job-related duties requested by my supervisors. This is a general description and is not to be construed as all inclusive.
- Neither the FIT Employee Policy Manual nor any other FIT publication is a contract of employment.
- It is my responsibility to read and be familiar with the information contained in the Employee Policy Manual, and any revisions to Manual information. The Employee Policy Manual does not cover all terms and conditions of my employment with the College, nor is it intended to answer every question I may have about my employment. I am aware that I should contact my supervisor or the Office of Human Resources with any questions I may have about my employment or about this Manual.
- It is my responsibility to read and be familiar with the Health Insurance Marketplace Coverage Options under the federal Patient Protection and Affordable Care Act (PPACA, the Affordable Care Act, or the health care reform law).

I acknowledge that I have received a copy of the FIT Employee Policy Manual and the Health Insurance Marketplace Coverage Options Notice.

Employee Name:  

Date:  

By typing my name on the line above I am verifying that I have received a copy of the FIT Employee Policy Manual