

## **Employment Information Receipt Form**

Name:	
Position: _	
l,	acknowledge receipt of the following documents:
	☐ College Catalog*
	Job Description
	Employee Handbook*
	☐ Faculty Handbook*
	Annual Security Report and Safety Plan*
	■ ASA Paid Sick Leave Notice* (NYC employees only)
	ng employment, I agree to uphold the mission and objective of the school, and wil he regulations, policies, procedures and standards that govern the school.
	nd that my employment is at-will as stated in ASA College Employee Handbook Terms of Employment.
Employee'	s Signature Date
* This doc	ument is available for viewing and/or downloading on ASA College web site: <u>www.asa.edu</u>