



TOWN OF WAPPINGER

20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590
WWW.TOWNOFWAPPINGER.US
(845) 297-4158 – Main
(845) 297-4558 – Fax
(845)297-2744 Supervisor

EMPLOYEE FILE COPY

EMPLOYEE ACKNOWLEDGMENT FORM

The Employee Handbook, a copy of which I acknowledge has been provided to me, describes important information about the Town of Wappinger employee policies, and I understand that I should consult my Department Head or the Town Supervisor regarding any questions I may have.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the Handbook may occur without prior notice to me. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Town of Wappinger Board has the ability to adopt any revisions to the policies in this Handbook.

The descriptions of the various medical benefit plans are intended as brief introductions. A more thorough explanation of the plans is available through the Town Supervisor's office.

I acknowledge that this Handbook is neither a contract of employment nor a legal document.

I have received the Handbook, and I understand that it is my responsibility to read and comply with the policies contained in this Handbook and any revisions made to it, and a copy of this acknowledgment will be placed in my personal file.

EMPLOYEE'S SIGNATURE _____ DATE _____

EMPLOYEE'S NAME (print) _____

FOR THE TOWN OF WAPPINGER

SIGNATURE _____ TITLE _____