

Employee Handbook Receipt

Name _____

Campus/department _____

I hereby acknowledge that I am aware of the Lockhart ISD Employee Handbook located on the district website. I agree to read the handbook and abide by the standards, policies, and procedures defined or referenced in this document.

The information in this handbook is subject to change. I understand that changes in district policies may supersede, modify, or eliminate the information summarized in this booklet. As the district 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 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 Lockhart ISD Department of Personnel if I have any questions, concerns, or need further explanation.

Signature _____

Date _____

