

Employee Handbook Confirmation of Receipt

I have received my copy and/ or have received access to my copy online via the Associated Students website <https://as.sdsu.edu/admin/forms/> of the Associated Student's employee handbook. I understand and agree that it is my responsibility to read and familiarize myself with the policies and information contained in the handbook.

I understand and agree that nothing in the employee handbook creates or is intended to create a promise or representation of continued employment and that employment at Associated Students is employment at-will; employment may be terminated at the will of either Associated Students or myself. My signature certifies that I understand that the foregoing agreement of at-will status is the sole and entire agreement between Associated Students and myself concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understandings, and representations concerning my employment with Associated Students.

I understand that except for employment at-will status, any and all policies or practices can be changed at any time by Associated Students. Associated Students reserves the right to change my hours, wages, and working conditions at any time. I understand and agree that other than the Executive Director of Associated Students, no manager, supervisor, or representative of Associated Students has authority to enter into any agreement, express or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will; only the Executive Director has the authority to make any such agreement and then only in writing, signed by the Executive Director.

Employee's Signature _____

Employee's Printed Name _____

Date _____