

Northern Wells Community Schools

312 North Jefferson Street
Ossian, IN 46777

Telephone (260) 622-4125
Fax (260) 622-7893

Dr. Scott A. Mills, Superintendent

2020-21 Employee Acknowledgement Form

My signature below indicates that I have received a copy of the Northern Wells Community Schools Support Staff Employee Handbook for the sections that pertain to my employment. I have been given the expectation to read the Handbook and to ask questions if I am unclear about any aspect of the contents. I have also received face-to-face training by a supervisor regarding the Handbook.

I further attest that I am responsible for knowing my expectations as an employee of NWCS and also the policies that govern the school corporation and any of my actions. It is my responsibility to ask my supervisor or use the chain of command for communication for any question or issue that arises regarding my work or my employment.

Employee's printed name

Employee's signature

Today's date