



Student Employment – Acknowledgement Receipt

By signing this form, I acknowledge that I have accessed, read and understood the following policies and procedures:

- [Student Employee Pay Schedule](#)
- [NY State Paid Family Leave – Statement of Rights for Paid Family Leave](#)
- [Student Employment Time Card Procedures](#)
- [Sick Leave Policy](#)
- [Statement of Rights – Disability Benefits Law](#)
- [Classification of Employees](#)
- [Adelphi University Policies, Rules and Standards Regarding Illicit Drugs and Alcohol](#)

I understand it is my responsibility to read and comply with all policies and procedures contained in these documents.

Signature _____

Print Name _____

Date _____