Office of Human Resources

Acknowledgement for Receipt of Employee Benefits Handbook

Receipt for Heidelberg University Employee Benefits Handbook for all University Employees: August 1, 2026

I acknowledge that I have access to the Heidelberg University Employee Benefits Handbook for all University Employees as revised and effective as of the date of approval. I agree to read it thoroughly, including the statements in the foreword describing the purpose and effect of the Handbook. In addition, I understand that this Handbook states Heidelberg University's policies and practices in effect on the date of publication. I understand that nothing contained in the Handbook may be construed as creating a promise of future benefits or a binding contract with Heidelberg University for benefits or for any other purpose. I also understand that these policies and procedures are continually evaluated and may be amended, modified, or terminated at any time and that I will be provided notice of amendments, changes, and new policies. Please sign and date this receipt and return it to the Office of Human Resources.

Signature: _____

Employee Name: _____

Date: _____