



FACILITIES

UNIVERSITY *of* WASHINGTON

UW FACILITIES HANDBOOK SIGNATURE PAGE

Employee Name

Department, Shop Name & Number

Classification Title

Date of Hire or Date of Re-issue

Supervisor's Name/Telephone Number

I have received a copy of the UW Facilities Employee Handbook. I understand that I am responsible for reading it, adhering to its contents and the subsequent periodic changes.

Employee Signature

Date

You Must Return This Page To Your Supervisor After Signing For Retention In Your Departmental File.