

ACKNOWLEDGMENT

Your signature below acknowledges your receipt of the information above within 30 days from the start date of your employment.

Signature

Date

Name (Print)

Your signed acknowledgement will be retained by your employer. Please retain a copy for your own reference.

_____ **Please initial here if you are a Bristol Community College student currently enrolled in a minimum of 12 credits (full-time status).** By signing this form, you acknowledge that you are exempt from PFML payroll deduction while you remain in a full-time student status. You also agree to notify Human Resources if you drop below 12 credits at any point during your employment at Bristol Community College, at which point you would become subject to the payroll deduction.

