

## Employee Statement Acknowledgement

I, \_\_\_\_\_, SMU # \_\_\_\_\_, recently employed by Southern Methodist University, acknowledge having completed a New Employee Orientation tutorial provided by the Department of Human Resources at SMU. During this session, I was informed of the University's policies and procedures on issues regarding:

- |                       |                                                    |
|-----------------------|----------------------------------------------------|
| Probationary Period   | Confidentiality & Information Management Statement |
| Workers' Compensation | University's Position Against Sexual Harassment    |
| Work Schedules        | Policy Against Drug & Alcohol Abuse                |
| Leaves                | Other Information Regarding My Employment          |
| Direct Deposit        |                                                    |
| Employee Benefits     |                                                    |
| Code of Ethics        |                                                    |
| - Grievance Procedure |                                                    |

I am aware that SMU policies are available to me on the intranet at [www.smu.edu/policy](http://www.smu.edu/policy) and it is my responsibility to familiarize myself with these policies. In addition, I confirm that I understand the following policies:

### **403b and Emeriti Participation**

I understand that participation in the SMU 403(b) Retirement Program is required at age 36 with one year of employment, and that participation in the Emeriti Health Account is required at age 40.

### **Grievances**

I agree to accept the applicable SMU policies and processes as the sole and exclusive remedy for any employment related complaint that may occur as a result of my employment or termination from SMU.

### **Payroll Deductions**

I acknowledge and agree that SMU may withhold any lawful deduction from my pay from time to time during my employment and/or at termination, pursuant to the SMU Wage Deduction Authorization Agreement included on page 2 of this document.

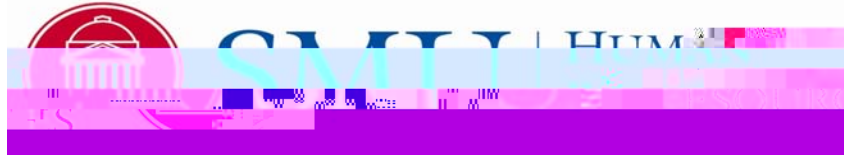
### **Workers Compensation**

I understand that Southern Methodist University is a subscriber to the Texas Worker's Compensation System. I further understand and agree as an employee I must comply with SMU's safety rules, policies and procedures. I understand that failure on my part to follow the safety rules set forth may be grounds for disciplinary action, including termination of employment. In addition, I have read the Notice to New Employee information included on page 3 of this document.

By my signature below, I agree to abide by the policies, procedures, practices and regulations of Southern Methodist University. I acknowledge the University's right to review, at any time, its policies, procedures, practices and regulations and I agree to abide by and be governed by such revisions.

\_\_\_\_\_  
Employee Signature

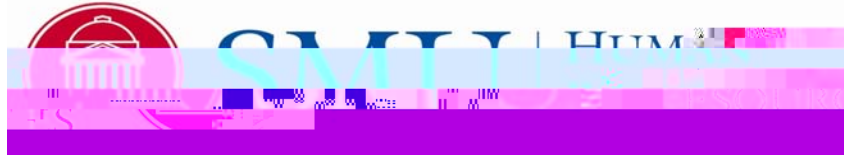
\_\_\_\_\_  
Date



## **Wage Deduction Authorization Agreement**

I understand and agree that my employer, Southern Methodist University (the "SMU"), may deduct money from my pay from time to time for reasons that fall into the following categories:

1. My share of the premiums for the SMU's group medical/dental/vision plan;
2. Any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by SMU;
3. Installment payments on loans or wage advances given to me by SMU, and if there is a balance remaining when I leave SMU, the balance of such loans or advances;
4. If I receive an overpayment of wages for any reason, repayment to SMU of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless SMU and I agree in writing to a series of smaller deductions in specified amounts);
5. The cost to SMU of personal long-distance calls I may make, or messages I may send, using SMU phones (land lines or cell phones) or SMU accounts, or personal faxes sent by me using SMU equipment or SMU accounts, or of non-work related access to the Internet or other computer netw  
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## **Notice to New Employees regarding Workers' Compensation**

Southern Methodist University has workers' compensation insurance coverage through The Hartford to protect you. You can get more information about your workers' compensation rights from any office of the Texas Workers' Compensation Commission, or by calling 1-800-252-7031.

You may elect to retain your common law right of action if, no later than five days after beginning employment, you notify Southern Methodist University in-writing that you wish to retain your common law right to recover damages for personal injury. If you elect your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.

## **Aviso a Nuevos Empleados**

Para su protección, Southern Methodist University está cubierto por un seguro de compensación al trabajador a través de The Hartford. Usted puede obtener información adicional sobre sus derechos de compensación al trabajador en cualquier oficina de la Comisión de Compensación de Trabajadores de Texas, o puede llamar al 1-800-252-7031.

Usted puede elegir retener su derecho a acciones bajo la ley común, si usted notifica por escrito a Southern Methodist University, a más tardar cinco días después de comenzar empleo, que usted desea retener su derecho bajo la ley común para recobrar daños por lesiones personales. Si usted elige su derecho de acción por la ley común, usted no puede obtener ingreso de compensación al trabajador o beneficios médicos si usted es lesionado/a.