I hereby affirm that the information listed below has beeen provided to me by Human Resources.

Last 4 of SSN	Job Start Date	Benefits Start Date		Initial Across	Policy Manual	Safety Manual	HIPPA COBRA	SSA - 1945 Info	Retirement TSA	Workers Comp	FMLA Leave	Comp Time	Parking Tuition	Contact Info	403-B ACA
Print Name															
Signature				**Preventing Sexual Harassment Training Date:**											
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