Provo City SCHOOL DISTRICT

Acknowledgment of Legal Liability Protection (DEC)

Policy Series: 5000 Personnel

Policy No. 5350
Form #1

Employee Name: _____

Date of Hire: _____

Position/Department: _____

School/Work Location: _____

I am a newly hired employee of the District. I acknowledge that I have received the disclosure regarding legal liability protection and insurance coverage provided to eligible District employees through the Utah State Risk Manager.

I acknowledge that I have read the disclosure provided by the District. I further acknowledge that I understand the legal liability protection available to me, including the eligibility requirements, the basic nature of the coverage, and what is not covered, as explained in the disclosure.

Unless noted below, I have no questions or uncertainty regarding the legal liability protection described in the disclosure.

Questions or Comments, if any:

_____

_____

_____

Dated this _____ day of _____, 20_____.

Employee Signature:_____

Witness Signature:_____