SMU | Department of Human Resources

PO Box 750232 Dallas, TX 75275-0232 214-768-3311 www.smu.edu/hr

# Faculty Statement

*Please print and complete this document. Submit to the Department of Human Resources, Box 232, during your first week of the first month of your contract. Please note that we ask a witness to acknowledge your original signature.*

I, _____, SMU ID# _____
Recently employed by Southern Methodist University acknowledge having completed a New Employee Orientation for Faculty Tutorial conducted by the Department of Human Resources at SMU. During this session, I was informed of the University's policies and procedures on issues such as the:

- Confidentiality and Information Management Statement
- Direct Deposit
- University's Position Against Sexual Harassment
- Leaves
- Other information regarding my employment
- Code of Ethics
- Workers' Compensation
- Policy Against Drug and Alcohol Abuse
- Employee Benefits

I am aware that I am able to review the University Policy Manual at www.smu.edu/policy/

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 revise, at any time, its policies, procedures, practices and regulations and I agree to abide by and be governed by such revisions.

I authorize Southern Methodist University to make payroll deductions from my payroll check and to deduct any outstanding debts to the University at the time my employment is severed.

_____ _____
Employee Signature Date

_____ _____
Witness Date