

Des Moines Public Schools
HUMAN RESOURCES MANAGEMENT

Food Service and Transportation Departments

***Verification that Employees Understand the Contents of the
EMPLOYMENT INFORMATION HANDBOOK revised August 2013***

My signature below serves as **VERIFICATION** that I read, had opportunity for explanation, and understand the contents of the EMPLOYMENT INFORMATION HANDBOOK revised August 2013 for my position.

Department _____

Print Name _____

Signature _____ Date: _____

**Submit this form to your Department Head
by September 28, 2013.**