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Oak Ridge Schools Board Policies and Benefits Disclaimer and Acknowledgement Form

ORS Board of Education (BOE) Policies (available to me online on the ORS website at www.ortn.edu) and benefits information (given to me in my employment packet as well as provided in the benefits summary documents available to me on the ORS website) contain important information pertaining to my employment. I understand that I should consult my supervisor or Human Resources if I have any questions about this information. My signature below attests that I have read and become familiar with the information both given to me and available on the website and agree to comply with the Policies and benefit information.

т	Board of Education Policies
	Health Insurance (Applies if Health Insurance is elected)
	Dental Insurance (Applies if Health Insurance is elected)
	Vision Insurance (Applies if Health Insurance is elected)
	Section 125 Program
	Flexible Benefits Plan
	Flexible Benefits Plan – Summary Plan Description
	Retirement (Please initial applicable document)
	Summary for Teachers (Applies to Licensed Staff)
	Summary for Support Employees (Applies to Non-Licensed Staff)
u	Life Insurance (Applies to Full Time employees)
modify or el revisions. Furthermore employment which may a	ed through official notifications. I understand that revised information may supersede, iminate existing policies and it is my responsibility to keep up-to-date on any changes and/official policies and Benefit Information are neither a contract of a nor a legal document. I understand this information is not intended to cover every situation rise during my employment, but is simply a general guide to the goals, policies, practices,
benefits and	expectations of ORS.
Signature	Date
Printed Nam	e