



Ave Maria University Employee Benefit Plans

COMPLIANCE DOCUMENTS

NOTICE OF RECEIPT

(Completion of this form is required)

Employee Name: _____

(Please print)

My signature below acknowledges that human resources has provided the URL address for the location within the Ave Maria University website that contains all of the Ave Maria University Benefit Plans Compliance Documents that are posted and can be viewed at any time by me.

Employee Signature: _____

Date: _____

Human Resources Representative Signature: _____

Date: _____

Please return the signed form to the Human Resources Office via email to: HR@avemaria.edu, or via fax to: 239-280-2492