

**ARKANSAS STATE UNIVERSITY**  
**Electronic Notification Acknowledgement Form**  
**Part-time Employees**

I \_\_\_\_\_, acknowledge that Arkansas State University is obligated to provide employees with required employer notifications and I have the option to receive these notifications electronically via campus email.

\_\_\_ Yes, I agree to receive information, including federally required notifications electronically via email.

\_\_\_ No, I do not consent to receiving notifications electronically via email and prefer that this information be mailed to my home address.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date