

**EVESHAM TOWNSHIP SCHOOL DISTRICT
25 South Maple Avenue
Marlton, NJ 08053**

SUBJECT: NOTICE TO EMPLOYEES OF COVERAGE OPTIONS

My signature below indicates that I have received a copy of the Notice to Employees of Coverage Options Under Fair Labor Standards Act § 18B and Updated Model Election Notice Under the Consolidated Omnibus Budget Reconciliation Act of 1985 on the _____ day of _____, 20____ and my Supervisor has reviewed its contents with me.

Employee's Signature

Printed Name

Supervisor's Signature

cc: Personnel File