

# Grandview ISD

## Receipt of Benefits Information

SY 2021-2022

I have been given the benefits information from Grandview ISD and understand it is my responsibility to contact the Benefits Coordinator for enrollment forms.

This signed notice will stand as proof that benefits were offered to me as an employee of Grandview Independent School District.

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*Signature*

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*Date*

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*Printed Name*

*Please sign and return to your campus Secretary by August 23<sup>rd</sup>.*