

**BOARD POLICIES SIGNATURE SHEET**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School or Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please initial to indicate that you have read and agree to follow the rules contained in each of the following policies:

\_\_\_\_\_\_\_\_\_\_**Prohibition Against Discrimination, Harassment, and Bullying**

\_\_\_\_\_\_\_\_\_\_**Drug-Free & Alcohol-Free Workplace**

\_\_\_\_\_\_\_\_\_\_**Employee Use of Social Media**

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| Violation of the rules contained in these policies may lead to disciplinary action in accordance with Bertie County Schools policies and state law. |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family & Medical Leave Policy**

I have been provided a copy of the Family and Medical Leave Policy (7520) upon hiring as specified in the policy.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Technology Responsible Use Policy**

I have read the Bertie County Schools' Technology Responsible Use Policy. I agree to follow the rules contained in this policy. I understand that if I violate the rules, I may face disciplinary action in accordance with Bertie County Schools' policies and state law.

I hereby release the school system, its personnel and any institutions with which it is affiliated from any and all claims and damages of any nature arising from my use of, or inability to use, the school system network, including, but not limited to, claims that may arise from the unauthorized use of the network to purchase products or services.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_