

# Employee Acknowledgement Form

I, the undersigned, acknowledge that I received a copy of the District's policies and/or information for the following:

- Pesticide Training:HSA Basic Pest Management in the School and Child Care Settings (*Get Safety Trained Certificate Required*)
- COVID-19 Prevention (*Get Safety Trained Certificate Required*)
- Asbestos in the Workplace
- Blood borne Pathogens/Universal Precautions (*Get Safety Trained Certificate Required*)
- Child Abuse/Mandated Reporter Training – My signature at the bottom of this page acknowledges that I have read and understand this statement. I have knowledge of the provisions of California Penal Code Section 11166 and will comply with its provisions. I acknowledge receipt of a copy of this statement. I understand that this statement is required by law to remain on file with my employer.
- Dress and Grooming
- Drug Free Workplace
- Employee Use of Technology
- HIPAA Notice of Privacy Practices
- Non Discrimination in Employment/Complaints concerning Discrimination in Employment
- Sexual Harassment(Non-Supervisors) (*Get Safety Trained Certificate Required*)
- Tobacco Free Workplace/Schools
- Worker's Compensation

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Employee Name

Position

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Employee Signature

Date

**RETURN SIGNED FORM TO YOUR SCHOOL SITE FRONT OFFICE BY 9/15/2022**