



Policy Agreement

District Employee:

I have read and understand the school district policies listed below. By signing this Policy Agreement, I acknowledge that I read, received and will abide by them during my employment with Little Falls Community Schools. I further understand that should I commit any violation, disciplinary action and/or legal action may be taken.

The District Policies can be located on the District website at www.lfalls.k12.mn.us. Click on District and on the drop down menu click on policies. The policies are listed here by number first then the name.

Policy #524 – Technology and Internet Acceptable Use and Safety

Policy #413 – Harassment and Violence

Policy #417 – Chemical Use and Abuse

Policy #418 – Drug Free Work Place / Drug Free School

Print Name: _____

Signature: _____

Date: _____