Receipt of Annual Notices

I,_____attest that on_____(mm/dd/yy), I have read and understand the Annual Notices. I further understand that failure to comply with the Board policies will be grounds for discipline up to and including termination. Your acknowledgement through Public School Works indicates that you have received, read and understand the information in this packet.

Initial	Human Resources Department
_____	Notice of Receipt of Annual Notices
_____	Personnel Record Update & Emergency Notification Information (only if updates needed)
_____	Classified Holidays
_____	Company Nurse Information
_____	Optum – Employee Assistance Program
_____	Worker's Compensation Information
_____	Volunteer Agreement for Training in Administration of Epinephrine Auto-injector

Initial	Board Policy and Administrative Regulations
_____	Tobacco-Free Schools - BP 3513.3 AR 3513.3
_____	Integrated Pest Management - AR 3514.2
_____	Disruptions - AR 3515.2
_____	Drug- and Alcohol-Free Work Place - BP 4020
_____	Nondiscrimination in Employment - BP 4030
_____	Employee Use of Technology - BP 4040
_____	Sexual Harassment - AR 4119.11 / 4219.11 / 4319.11
_____	Professional Standards - BP 4119.21 / 4219.21 / 4319.21
_____	Dress and Grooming - BP 4119.22 / 4219.22 / 4319.22
_____	Universal Precautions - AR 4119.43 / 4219.43 / 4319.43
_____	Soliciting and Selling - BP 4135 / 4235 / 4335
_____	Non-school Employment - BP 4136 / 4236 / 4336
_____	Complaints - BP 4144 / 4244 / 4344
_____	Employee Assistance Programs- BP 4159 / 4259 / 4359
_____	Child Abuse Prevention and Reporting - BP 5141.4 AR 5141.4
_____	Sexual Harassment - Students - BP 5145.7
_____	Suspension and Expulsion/Due Process - AR 5144.1

_____ _____

Signature Print Name