Craven County Schools Human Resources

Policy Review and Orientation Acknowledgement for the 2026-2027 School Year

Non-School Sites

By initialing the following policies, I agree to follow each policy and its regulations. I further understand that if I violate these policies, I will face disciplinary action in accordance with Craven County Schools' policies along with state and federal laws.

____ I have been provided a site orientation which was conducted on _____.

_____ **Workday and Overtime - 7500:** I have read the Craven County Schools *Workday and Overtime Policy.*

_____ **Leave - 7510:** I have read the Craven County Schools *Leave Policy.*

_____ **Excessive Absenteeism - 7515:** I have read the Craven County Schools *Excessive Absenteeism Policy.*

_____ **Smoking and Tobacco - 5026/7250:** I have read the Craven County Schools *Smoking and Tobacco Products Policy.*

_____ **Drug-Free and Alcohol-Free Workplace -7240:** I have read the Craven County Schools *Drug Free Workplace Policy.*

_____ **Employee Dress and Appearance - 7340:** I have read the Craven County Schools *Employee Dress and Appearance Policy.*

_____ **Responding to Concerns - 1742/5060:** I have read the Craven County Schools *Responding to Concerns Policy.*

_____ **Student and Parent Grievance Procedure - 1740/4010:** I have read the Craven County Schools *Student and Parent Grievance Policy.*

_____ **Discrimination and Harassment Prohibited by Federal Law - 7230:** I have read the Craven County Schools *Discrimination and Harassment Prohibited by Federal Law.*

_____ **Prohibition Against Retaliation - 1760/7280:** I have read the Craven County Schools *Prohibition Against Retaliation Policy.*

_____ **Technology Responsible Use - 3225/4312/7320:** I have read the Craven County Schools *Employees Acceptable Use Policy.*

_____ **School Volunteers - 5015:** I have read the Craven County Schools *School Volunteer Policy.*

_____ **Occupational Exposure to Bloodborne Pathogens - 7260:** I have read the Craven County Schools *Bloodborne Pathogens Policy.*

_____ **Communicable Disease - 7262:** I have read the Craven County Schools *Communicable Disease Policy.*

_____ **Student Health Services - 6120:** I have read the Craven County Schools *Student Health Services Policy.*

_____ **Concussion and Head Injury - 4270/6145:** I have read the Craven County Schools *Concussion and Head Injury Policy.*

_____ **Administering Medicines to Students - 6125:** I have read the Craven County Schools *Administering Medicines to Students Policy.*

_____ **School Trips - 3320:** I have read the Craven County Schools *School Trips Policy.*

_____ **Employee Use of Social Media- 7335:** I have read the Craven County Schools *Employee Use of Social Media Policy.*

_____ **Staff Responsibilities - 7300:** I have read the Craven County Schools *Staff Responsibilities Policy.*

_____ **Grievance Procedure for Employees – 1750/7220:** I have read the Craven County Schools' *Grievance Procedure for Employees Policy.*

_____**Student and Staff Relations-4040/7310**: I have read the Craven County Schools' Student and Staff Relations Policy.

_____ **Duty to Report Child Abuse and Neglect**: I am aware of NCGS 7B-301. I am aware of NCGS 7B-301—Duty to report abuse, neglect, dependency, or death due to maltreatment. (a) Any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, as defined by G.S. 7B-101, or has died as the result of maltreatment, shall report the case of that juvenile to the director of the department of social services in the county where the juvenile resides or is found. (b) Any person or institution who knowingly or wantonly fails to report the case of juvenile as required by subsection (a) of this section, or who knowingly or wantonly prevents another person from making a report is required by subsection (a) of this section, is guilty of a Class I misdemeanor.

_____**School Mental Health Training**: I have completed the required school mental health training. Date Completed_____

_____ **Annual Staff Training**: I have completed all the mandatory training modules on Canvas. Date Completed_____

_____ _____ _____ _____.

(Employee Name-Printed) (Employee Signature) (Work site) (Date)