

Hamilton Township School District

2017-2018

**Web-Based Certification of Receipt
Critical District Policies and Regulations:
Custodial Staff
Maintenance Staff
Cafeteria Staff
Technology Staff**

(Sign and forward to your Supervisor by the close of the day on Friday, September 15, 2017 *(keep a copy of your records)*)

I, _____ (Print name clearly), hereby acknowledge that I have accessed and read the following critical District Policies and Regulations on September 15, 2017:

Policy #5350	Student Suicide Prevention
Regulation #5350	Student Suicide Prevention
Policy #5512	Harassment, Intimidation and Bullying
Regulation #5512	Reporting Procedure – Hazing and/or Harassment, Intimidation or Bullying
Policy # 5751	Sexual Harassment of (Pupils)
Regulation #5751	Sexual Harassment of (Pupils)
Policy #4159	Support Staff Member/School District Reporting Responsibilities
Policy # 4212	Attendance – Support Staff
Policy #4282	Use of Social Networking Sites – Support Staff Members
Policy #4352	Sexual Harassment (Support Staff)
Policy #4432	Sick Leave – Support Staff
Policy #4436	Personal Leave – Support Staff
Policy #7430	School Safety
Regulation #7430	School Safety
Policy #7441	Electronic Surveillance in School Buildings and on School Grounds
Policy #7522	School District Provided Technology Devices to Staff Members
Policy #8420	Emergency and Crisis Situations

Further, I do hereby understand and agree that I have read and understand these Policies/Regulations and if I have any questions, concerns or comments growing out of or in connection with said Policies/Regulations, I will contact my Supervisor or the contact person referenced in the actual Policy/Regulation.

(Employee Signature)