

REQUIRED STAFF POLICY REVIEW 2016-17

- Each staff member must be oriented to the following policies listed below. Please click each link below to read and review each policy. Upon completion, place your signature and date at the bottom of the page, print this sheet, and return to your building administrator / designee.

[EMPLOYEE CODE OF CONDUCT](#) [\(LINK TO FORM\)](#) (Please print, sign, & return to administrator)

[TECHNOLOGY ACCEPTABLE USER POLICY](#)

[EMPLOYEE ACCEPTABLE USER AGREEMENT](#) (Please print, sign, & return to administrator)

[EMPLOYEE GRIEVANCE PROCEDURES](#)

[HARRASSMENT POLICY](#)

[DRUG FREE WORKPLACE POLICY](#) [\(LINK TO FORM\)](#) (Please print, sign, & return to administrator)

[EMPLOYEE EXPOSURE TO BODY FLUIDS](#)

[EMPLOYEE CELL PHONE POLICY](#)

[REPORTING OF SUSPECTED CHILD ABUSE](#)

[SAFE & SUPPORTIVE SCHOOLS](#)

[MCKINNEY VENTO HOMELESS ACT](#)

[WELLNESS POLICY](#)

[COLLECTION, MAINTENANCE, & DISCLOSURE OF STUDENT DATA](#)

[REVIEW OF POLICY 5000 \(PROCEDURES FOR HIRING & TRANSFER OF STAFF\)](#)

[REVIEW OF POLICY 5310 \(Performance Evaluation of School Personnel\)](#)

- [EVAULATION TIMELINES](#)

- [FOCUSED SUPPORT PLANS](#)

- [CORRECTIVE ACTION PLANS](#)

- [SERVICE PERSONNEL EVALUATION](#)

- [EMPLOYEE EVALUATION RESOURCES LINK](#)

I have reviewed all of the policies listed above & confirm my review of the policies with my signature.

_____ (SIGNATURE)

_____ (DATE)