



**George County School District  
Substitute Employee Acknowledgement Forms  
2025-2026**

**Printed Name:** \_\_\_\_\_

**School/Department:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**\*\*\*\*\*SUBSTITUTE EMPLOYEE HANDBOOK\*\*\*\*\***

By signing, I state that I have received a copy of the George County School District Substitute 2025-2026 Handbook and the **Mississippi Educator's Code of Ethics**. I understand that it is my responsibility to follow the guidelines of the handbook and ethics set before me to the best of my ability.

By signing, I state that I understand the legal obligation that I have for maintaining the confidentiality of students and staff of the George County School District. I understand the policies related to maintaining professional relationships with the George County School District students and caregivers. I understand that I may **not** take pictures or videos of my students and that I may not post on social media regarding my students or George County School staff as related to my employment as a substitute for the George County School District.

By signing, I state that I understand that, to the best of my ability, I have a legal and moral obligation to maintain an emotionally and physically safe environment for my students and that I must provide full supervision of my students. I understand that I cannot abandon my duty station until I have been properly relieved.

By signing, I understand that I should never use corporal punishment with students. Corporal punishment means hitting, pushing, pinching, or forcing a child to stand up for long periods of time, making a student do push-ups, or using any physical force.

By signing, I understand that I should **never** give medicine of any kind including aspirin to students. I should refer students who are taking medication to the office or nurse for supervision.

By signing, I understand that this list is not exhaustive and my obligation is to abide by the rules, policies and procedures of George County School District as set forth by the State of Mississippi and George County School District. I further more understand that I can obtain a complete copy of any George County School District Policy from the building administrator, the George County School District office, or the district website.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*\*\*\*\*DRUG-FREE WORKPLACE POLICY\*\*\*\*\***

I acknowledge that the George County School District reviews the District's **Drug-Free Workplace Policy**. I acknowledge that I understand the George County School District's **Drug-Free Schools and Workplace Policy**, including provisions regarding medical marijuana and the potential impact on employment and licensure.

By signing below, I agree to the following:

**Printed Full Name:** \_\_\_\_\_

1. I understand that the unlawful manufacture, distribution, dispensation, possession, or use of any controlled substance, including narcotics, hallucinogens, amphetamines, barbiturates, marijuana, or any other illegal drug is strictly prohibited in the workplace, as defined by district policy and applicable state and federal law.
2. I understand that “workplace” includes:
  - All school buildings and school premises
  - Any school-owned or approved vehicles used for transporting students
  - Off-site locations during any school-sponsored or school-approved activities, events, or functions where students are under district supervision
3. I agree to notify my supervisor **within five (5) days** if I am convicted of violating any criminal drug statute for an offense that occurred in the workplace.
4. I understand that violation of this policy may result in disciplinary action up to and including non-renewal, suspension, or termination of employment, in accordance with district procedures.
5. I understand that this policy **also applies to medical marijuana**, and that:
  - The district is **not required to accommodate or allow the use of medical cannabis** by employees in any form.
  - The district may take adverse employment action due to medical marijuana use, regardless of impairment.
  - The use of medical cannabis is **strictly prohibited on district property**, at district-sponsored events, and while conducting district business.
6. I understand that under Mississippi law:
  - The State Board of Education may **deny, suspend, or revoke** a teacher or administrator’s license due to drug use, addiction, or criminal conviction related to controlled substances.
  - Suspension or dismissal by the school district may lead to licensure consequences.

I acknowledge that it is my responsibility to comply with this **Drug-Free Schools and Workplace Policy** as a condition of my continued employment with the George County School District. I also understand that questions about this policy or its enforcement may be directed to Human Resources.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*\*\*\*STAFF INTERNET USE AGREEMENT\*\*\*\*\***

As an employee of the George County School District (GCSD), I acknowledge that I have read, understand, and agree to abide by the GCSD Acceptable Use Policy (AUP) governing the use of District computer systems, network resources, and Internet access.

I understand and agree to the following terms:

1. **Appropriate Use:** I will use District-provided technology, including Internet access, only for educational, instructional, professional, or administrative purposes as authorized by the GCSD. I will not use personal devices on the District network.
2. **Compliance with Federal and State Law:** I understand that GCSD complies with the Children’s Internet Protection Act (CIPA) and other applicable federal and state laws related to internet safety, privacy, and security.
3. **Monitoring and Privacy:** I understand that there is no expectation of privacy on the GCSD network. All network activity, including email and Internet use, may be monitored, reviewed, or archived by authorized personnel at any time.

Printed Full Name: \_\_\_\_\_

4. **Security and Content Filtering:** I will not attempt to bypass or disable any District-installed content filters or security features. I understand that unauthorized software or file downloads are prohibited.
5. **Prohibited Activities:** I understand that prohibited uses of the GCSD network include, but are not limited to:
  - Accessing or transmitting inappropriate, illegal, obscene, or threatening content.
  - Cyberbullying or harassment.
  - Downloading large or non-curricular files (e.g., music, movies)
  - Installing unauthorized software or viruses.
  - Hacking, spamming, or attempting to access restricted areas of the network.
  - Disclosing confidential student information in violation of District policy or state/federal law.
6. **Student Privacy:** I will not disclose any student's personally identifiable information online without proper District authorization. This includes names, addresses, contact information, and health records.
7. **Consequences for Misuse:** I understand that misuse of District technology or violation of the AUP may result in disciplinary action, including loss of network access, suspension, termination of employment, and/or legal action.
8. **Contractual Agreement:** I understand that this signed acknowledgement represents a legally binding agreement between myself and the George County School District. I further acknowledge that I have been given the opportunity to review the complete AUP and have been informed where I can access a copy of the policy.

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**Signature**

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**Date**

\*\*\*\*\*COLLECTING AND REMITTING FUNDS\*\*\*\*\*

**(Daily Collections of fees/fines/fundraisers/snack sales, etc. from students)**

I understand that **all funds collected must be turned in daily** to the school secretary or bookkeeper. **No funds should be kept overnight** under any circumstances. I understand that all money collected must be tied to a **Board-approved fundraiser or fee schedule**. Each collection must be clearly documented with identifiable information, including:

- Student's name
- Date
- Cash or check amount
- Reference to the approved fundraiser, field trip, or fee schedule

For **approved snack sales**, I understand that a **reconciliation sheet** must be completed. This should include:

- A tally of snacks sold
- The purchase price
- The sales price

I acknowledge that collecting funds from students without prior approval may result in **personal accountability** for those funds.

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**Signature**

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**Date**

Printed Full Name: \_\_\_\_\_

\*\*\*\*\*ACKNOWLEDGEMENT OF PURCHASING REQUIREMENTS\*\*\*\*\*

I understand that no purchases may be made in the name of the George County School District unless a valid purchase order has been issued **before** the purchase is made. I acknowledge that if I make a purchase without prior authorization, I may be held personally responsible for the cost.

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**Signature**

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**Date**

\*\*\*\*\*ACKNOWLEDGEMENT OF REPORTING HARASSMENT & DISCRIMINATION\*\*\*\*\*

Title IX is a federal civil rights law passed as part of the Education Amendments of 1972. It prohibits sex-based discrimination in any school or educational program that receives federal funding.

If you believe you have experienced sex-based discrimination, you must complete a District Reporting Form **immediately**.

As an employee of the George County School District, you are also required to **immediately report** any suspected sexual discrimination or harassment involving a student—whether it occurs on campus or during a school-related event. District Reporting Forms must be used to make these reports.

Reporting forms are available:

- In the office of every school or department
- On the George County School District Human Resources webpage

These forms should be used to report **any** type of discrimination or harassment complaint.

If you do not have immediate access to a reporting form, you are still obligated to report any suspected discrimination or harassment to a school administrator **without delay**.

**Acknowledgment:**

I acknowledge that I have been informed of my right to report harassment or discrimination. I also understand that it is my duty to immediately report any suspected harassment or discrimination involving a student, whether on school grounds or at a school-related activity.

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**Signature**

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**Date**

\*\*\*\*\*ACKNOWLEDGEMENT REGARDING FIRST PAYCHECK\*\*\*\*\*

I understand that I will not receive payment for any work performed until I have been officially approved by the School Board. Additionally, I acknowledge that there is a standard payroll processing timeline, and I must work for

Printed Full Name: \_\_\_\_\_

approximately two months before receiving my first paycheck. For example, if I begin working in August, I can expect to receive my first paycheck at the end of September.

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**Signature**

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**Date**

**\*\*\*\*\*GEORGE COUNTY SCHOOL DISTRICT OATH OF CONFIDENTIALITY &\*\*\*\*\*  
NON-DISCLOSURE OF RELEASED INFORMATION**

I understand that the data maintained within the systems listed in the *Application Section* below contains sensitive and confidential information.

**Application Section:**                      **SAMS Spectra** – Student Information System                      **School Status**

I acknowledge that access to and the release of information from the George County School District is governed by the **Family Educational Rights and Privacy Act (FERPA) of 1974** and **Section 37-15-1 et seq. of the Mississippi Code of 1972**, as amended.

I understand that this information may only be accessed and used for **legitimate educational purposes**. I recognize that all data is confidential, protected by law, and may not be disclosed without proper authorization.

I agree that I will not release any George County School District data unless I am specifically authorized to do so in accordance with applicable laws, policies, and regulations. Furthermore, I will not access or use this information for any purpose other than legitimate educational interests.

I acknowledge that I fully understand that unauthorized disclosure or misuse of this information may result in **disciplinary action**, including termination of employment, and may also subject me to **civil and/or criminal penalties** as provided by law.

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**Signature**

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**Date**

**\*\*\*\*\*CROWDFUNDING PROJECTS\*\*\*\*\***

I acknowledge that I have read and understand the George County School District's **Policy KHE – Gifts to Schools: Crowdfunding Projects**.

I understand that any project completed in the name of the George County School District becomes the property of the district. I also understand the following:

- **Furniture or equipment valued at \$1,000 or more, and**
- **Computer equipment, camera equipment, or televisions valued at \$250 or more,**
- **As well as any items considered “highly walkable” (such as iPads, tablets, or Kindles, regardless of cost) must be red-tagged for inventory purposes.**

Printed Full Name: \_\_\_\_\_

All **technology-related items** must receive **pre-approval** from the technology department. Items that require **installation or wiring** must also be approved by both the technology and maintenance departments.

All **crowdfunding projects** must be **pre-approved by the building administrator**, and a file must be created for each project to track inventory.

I agree to follow the terms of this policy. I also understand that I may request a full copy of this policy, or any other George County School District policy, from my building administrator or the district office.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*\*\*\*\*CRISIS POLICIES & EMERGENCY PREPAREDNESS PROCEDURES\*\*\*\*\***

As a substitute employee for the George County School District, I acknowledge that I must review the district's **Crisis Policies and Emergency Preparedness Procedures**. I understand that I am responsible for following all emergency protocols and participating in drills as outlined below:

**Summary of Responsibilities:**

- **Review** the school's crisis plan and emergency procedures upon arrival.
- **Receive orientation** from the designated staff member (administrator or lead teacher).
- **Familiarize myself** with evacuation routes, lockdown, shelter-in-place procedures, and the location and use of the **crisis bag**.
- **Actively participate** in all safety drills, including fire, tornado, lockdown, and evacuation drills.
- **Maintain calm**, follow instructions, and assist students during any emergency or drill.
- **Follow post-crisis procedures**, including conducting a roll check and reporting any injuries or missing students.
- Understand specific response steps for the following emergencies:
  - **Lockdown:** Secure, Silence, Hide, Wait, Communicate.
  - **Fire:** Alert, Evacuate, Assist, Meet, Report.
  - **Bomb Threat:** Report, Assess, Evacuate, Search, Communicate.
  - **Tornado/Severe Weather:** Seek Shelter, Protect, Monitor, Stay Put, Assist.
  - **Earthquake:** Drop, Cover, Hold On, Evacuate, Avoid Hazards.
  - **Serious Accident/Injury/Illness:** Assess, Call for Help, Provide First Aid, Keep Calm, Record Details.

I understand that my compliance with these procedures is critical to ensuring the safety of all students and staff during emergency situations.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Printed Full Name: \_\_\_\_\_

**Restraint** refers to a physical intervention used by trained school personnel to restrict a student's movement when the student is a danger to themselves, others, or is causing significant property damage.

- Restraint is **only used in emergency situations** after all other verbal and non-verbal **de-escalation techniques have failed**.
- **Restraints that restrict airflow** (such as holding a student in a way that impacts breathing) are **strictly prohibited**.
- The restraint must be **removed immediately** once the student is no longer a threat or shows signs of distress.

**Seclusion** is the involuntary confinement of a student in a **designated, isolated space** where they are physically prevented from leaving, used only when a student's behavior poses **imminent, serious physical harm** to themselves or others.

- Seclusion must be used **only after other less restrictive methods have failed** or been deemed inappropriate.
- The room must **not be locked**, must be **free of objects that could cause harm**, and must provide **adequate lighting and ventilation**.
- A staff member must **remain present and monitor** the student during seclusion, which should end once the student regains control.

**Mechanical Restraints** are any devices or equipment used to restrict a student's movement.

- These are **prohibited** in the school setting **except when used by law enforcement personnel**.
- Examples include handcuffs, straps, or any object intended to hold a student's limbs or body in place.

**Chemical Restraints** refer to the use of **medication** or other substances to control behavior or restrict freedom of movement.

- These are **strictly prohibited** in the school environment.
- They are not to be used as a method of managing student behavior, except as prescribed and administered by medical professionals for a legitimate medical condition.

**De-escalation Techniques** are proactive strategies and interventions used to **calm a student** who is becoming agitated, aggressive, or potentially dangerous, with the goal of **preventing the need for physical intervention**.

- These may include:
  - Verbal redirection or reassurance
  - Offering choices to the student
  - Using a calm and respectful tone
  - Allowing the student time and space to self-regulate
  - Employing non-threatening body language
- De-escalation techniques are the **first line of response** and must be attempted before restraint or seclusion is considered.

I understand the District's commitment to maintaining a safe and supportive learning environment through proactive, non-punitive strategies and the appropriate use of restraint and seclusion only when absolutely necessary to protect students or others from imminent harm. I understand the following key points from the policy:

Printed Full Name: \_\_\_\_\_



- Restraint and seclusion are not to be used as disciplinary or punitive measures.
- Only trained personnel may use or monitor restraint and seclusion.
- Physical restraint is to be used only in emergency situations after other de-escalation techniques have failed and must be discontinued as soon as the student is no longer a danger.
- Seclusion must occur only in designated spaces, must not be locked, and must be continuously monitored by staff.
- Mechanical and chemical restraints are strictly prohibited, except by law enforcement.
- I have the right to use reasonable self-defense as allowed under federal and state law.
- All incidents involving restraint or seclusion must be documented and reported according to district procedures.
- Parents or guardians must be notified of any such incident within 48 hours.
- This policy is reviewed annually, and I am required to participate in related training as scheduled.

I understand that failure to comply with this policy or to follow the proper procedures may result in disciplinary action and could jeopardize student and staff safety.

By signing, I affirm that I have read and understood the policy, and agree to follow its guidelines as an employee of the George County School District.

I acknowledge that I have received, reviewed, and understand the George County School District's **Student Restraint and Seclusion Policy**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*\*\*\*SOCIAL MEDIA WEBSITES\*\*\*\*\***

I acknowledge that the George County School District reviews Policy GABBA: Social Networking Websites with employees and provides guidance on how to access the full policy. I understand **Policy GABBA: Social Media Websites**, as adopted and revised by the George County School District. I understand that this policy governs both personal and district-related social media activity, and that it is my responsibility to follow all applicable rules outlined in the policy.

By signing below, I agree to the following:

1. I understand that the use of social media—both personal and professional—is subject to all applicable state and federal laws, board policies, and district regulations.
2. I agree to refrain from any social media activity that:
  - Interferes with or disrupts school operations;
  - Violates the rights of others;
  - Includes harassing, obscene, defamatory, or discriminatory content;
  - Breaches confidentiality regarding students or employees;
  - Misrepresents my views as official district communication; or
  - Violates the Mississippi Educator Code of Ethics.
3. I understand that:
  - I may not “friend” students or give them access to my personal social media accounts;
  - I may not post student images without written parental consent, unless taken in a public setting (e.g., sports or performances);

Printed Full Name: \_\_\_\_\_



- I am prohibited from using personal social media during school hours for non-work-related reasons;
  - Communications with students and parents must be conducted through professional and district-approved channels (in person, phone, email, School Status, etc.);
  - Fraternization via social media with students is strictly prohibited.
4. I understand that district-related social media activity requires prior written approval from the Superintendent or designee, and that any such activity must:
    - Be limited to education-related content;
    - Be monitored regularly by the responsible employee;
    - Allow supervisor access;
    - Maintain professional boundaries.
  5. I understand that I have no expectation of privacy when using district-issued devices or networks, and that the district reserves the right to monitor all social media activity on its systems.
  6. I understand that I am responsible for the content posted to my personal social media accounts and may face disciplinary action, up to and including termination, for any violations of this policy.
  7. I understand that use of personal social media must not interfere with my job duties and must comply with all district policies—even when off-duty.
  8. I acknowledge that the district will enforce this policy consistently, and that violation of any portion may result in disciplinary action, up to and including termination.

I agree to comply with Policy GABBA: Social Media Websites and understand the expectations placed on me as an employee of the George County School District.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*\*\*\*EMPLOYEE ACKNOWLEDGEMENT OF COMMUNICABLE / INFECTIOUS DISEASES\*\*\*\***

The George County School District is committed to taking proactive measures to help protect the workplace in the event of a communicable or infectious disease outbreak. However, the District cannot fully prevent the transmission of diseases such as COVID-19. Being present on any George County School District campus may expose individuals to infectious diseases, including COVID-19, which may result in illness, injury, or even death.

All employees are expected to do their part to reduce the spread of infectious diseases in the workplace. The most effective preventive measures include:

- Frequent hand washing with warm, soapy water
- Covering your mouth and nose when sneezing or coughing
- Proper disposal of used tissues in wastebaskets

Unless otherwise directed, standard attendance and leave policies will remain in effect.

### **Social Distancing Guidelines During an Infectious Disease Outbreak**

In the event of an outbreak, the District may implement social distancing measures to reduce the risk of transmission. During such times, employees are asked to follow these guidelines:

Printed Full Name: \_\_\_\_\_

1. **Avoid face-to-face meetings** whenever possible. Use phones, video conferencing, email, or messaging—even with coworkers in the same building.
2. **If an in-person meeting is necessary**, keep it brief, choose a large meeting space, and maintain a minimum distance of three feet between individuals. Avoid handshakes or close contact.
3. **Limit nonessential travel** and consider canceling or rescheduling noncritical meetings, events, workshops, and trainings.
4. **Do not gather in shared spaces** such as break rooms, copy rooms, or other communal areas.

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**Signature**

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**Date**

**\*\*\*\*\*MANDATORY REPORTING OF CHILD ABUSE AND NEGLECT & SUICIDE PREVENTION AND MENTAL HEALTH REFERRALS\*\*\*\*\***

In accordance with the **Mississippi Code (1972)**, I understand that I am considered a **mandatory reporter** and am **legally required** to report any suspected child abuse or neglect.

I further understand that:

- I must **immediately report** any concern to the **school administrator, school nurse, or school counselor**.
- I do not need to have absolute proof before making a report.
- Reports made in **good faith** are protected by law and provide **immunity from civil liability**.

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I acknowledge that suicide is a serious concern among youth, and the George County School District requires all employees, including substitutes, to complete **online suicide prevention training**.

I understand that:

- If I suspect that a **student or employee** may be experiencing **depression** or having **suicidal thoughts**, I am required to complete a **mental health referral**.
- This referral must be **promptly submitted** to the **school counselor** or a **school administrator**.

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**Employee Acknowledgement**

By signing below, I confirm that I have read, understand, and agree to comply with the responsibilities outlined above. I recognize that fulfilling these duties is a condition of my employment as a substitute with the George County School District.

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**Signature**

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**Date**

Printed Full Name: \_\_\_\_\_