

| Printed Name: | | | | | | | |
|--|---|---|--|--|---------------------------------------|--------------------------------------|--|
| School/Building: | | | | | | | |
| EMPLOYEE HANDBOOK I acknowledge that the George County School District reviews key policies and procedures with employees and provides information about how to access the current Employee Handbook. I understand that the handbook is available upon request in printed form, and it can also be accessed through my building administrator, the district office, or the district website. I understand that the Employee Handbook serves as a general guide to the district's Human Resources policies and procedures. It is not a contract or a guarantee of continued employment for any specific duration. | | | | | | | |
| | | | | | <u>*</u> | If significant updates are made, I m | n the handbook may be changed at any time, ay be asked to sign a new acknowledgement |
| | | | | | I know it is my responsibility to rea | ad and understand the contents of th | e handbook. |
| | have been informed about how to ac nts, and that I may request a printed | ccess the Employee Handbook, that I am copy at any time. | | | | | |
| Signature | Date | | | | | | |
| MISSISSIPPI EDUCATOR COI | DE OF ETHICS & | | | | | | |
| FAMILY EDUCATIONAL RIG | HTS AND PRIVACY ACT | | | | | | |
| Standards of Conduct, and FERPA understand that I can access the ful | • | ivacy Act) requirements with employees. I me through my building administrator, the | | | | | |
| 1 1 | ctations outlined in these policies and standards may result in disciplinar | d recognize that violations of the Code of y action. | | | | | |
| As a condition of my employment standards. | with the George County School Dis | trict, I agree to follow these policies and | | | | | |
| G: | | | | | | | |
| Signature | Date | | | | | | |



| Printed Name: | |
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| School/Building: | |
| ACKNOWLEDGEMENT OF PURCHASING RE | EQUIREMENTS |
| * | ame of the George County School District unless a valid s made. I acknowledge that if I make a purchase without prior or the cost. |
| Signature | Date |
| DRUG-FREE WORKPLACE POLICY | |
| understand that the unlawful manufacture, possession my workplace is strictly prohibited. I am aware that | ct reviews the District's Drug-Free Workplace Policy . In, use, distribution, or dispensing of a controlled substance at violating this policy may result in disciplinary action. I agree by employment with the George County School District. |
| I also understand that I can obtain a full copy of this policy, from my building administrator or the district | policy, along with any other George County School District office. |
| Signature | Date |
| SOCIAL MEDIA WEBSITES | |
| • | ct reviews Policy GABBA: Social Networking Websites with the full policy. I understand my rights and responsibilities to role within the district. |
| I also understand that a full copy of this policy, along available upon request through my building administration | with any other George County School District policy, is rator, the district office, or the district website. |

Date



| Printed Name: | |
|---|--------------------|
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| CROWDFUNDING PROJECTS | |
| I acknowledge that I have read and understand the George County School District's Policy KHE Schools: Crowdfunding Projects . | – Gifts to |
| I understand that any project completed in the name of the George County School District become the district. I also understand the following: | es the property of |
| 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, remust be red-tagged for inventory purposes. | gardless of cost) |
| All technology-related items must receive pre-approval from the technology department. Items installation or wiring must also be approved by both the technology and maintenance department. | |
| All crowdfunding projects must be pre-approved by the building administrator, and a file me each project to track inventory. | ust be created for |
| I agree to follow the terms of this policy. I also understand that I may request a full copy of this pother George County School District policy, from my building administrator or the district office. | |

Date



| Printed Name: | | |
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| School/Building: | | |
| STATEMENT OF UNDERSTANDING: RESTRAINT AND SECLUSION POLICY | | |
| I acknowledge that the George County School District reviews the Mississippi Restraint and Seclusion Policy as outlined by the George County School District. | | |
| I understand the procedures and requirements set forth in this policy and agree to follow them at all times. | | |
| I also understand that I can request a full copy of this policy, along with any other George County School District policy, from my building administrator or the district office. | | |
| Signature Date | | |
| STAFF INTERNET USE AGREEMENT / CONTRACT | | |
| I acknowledge that I have read and understand the George County School District's Acceptable Use Policy (AUP) for internet access, computer equipment, and use of the school network. | | |
| I understand that all technology equipment in my classroom, office, or building is the property of the George County School District and must be used in accordance with district policies and regulations. | | |
| If I have any questions about what is expected of me while using district technology, I will ask my librarian, a member of the technology department, or my supervisor. | | |
| I understand the following: | | |
| I must follow all rules when using the internet or any district-owned technology. I am not allowed to copy, delete, or remove files from school district premises without proper authorization. Violating the district's technology use policies may result in disciplinary action, including suspension or termination of employment, depending on the severity of the violation. If my actions break any laws, legal authorities—not the school district—will determine the consequences. | | |
| I agree to abide by the terms of the Acceptable Use Policy. | | |

Date



| Printed Name: |
|---|
| School/Building: |
| COLLECTING AND REMITTING FUNDS (Daily Collections of fees/fines/fundraisers/snack sales, etc.) |
| 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. |

Signature

Date



| Printed Name: |
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| School/Building: |
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| EQUIPMENT RESPONSIBILITY and ACCEPTABLE USE ACKNOWLEDGEMENT |
| I understand that I am responsible for the proper care and maintenance of any equipment issued to me that i considered public property of the George County School District. |
| If any equipment is lost, stolen, or damaged while in my possession, I am responsible for reporting it immediately to the district. I further understand that: |
| I may be held financially responsible for the repair or replacement of the equipment. If the equipment is not returned or is damaged beyond repair, I will be responsible for a replacement cost of \$250. |
| • If the power cord is lost or damaged, I am responsible for a \$25 replacement fee. |
| While the equipment is in my possession, I agree to follow the George County School District's Acceptable Use Policy . |
| |

Date



| Printed Name: |
|--|
| School/Building: |
| 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. |
| Signature Date |



| Printed Name: |
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| School/Building: |
| GEORGE COUNTY SCHOOL DISTRICT OATH OF CONFIDENTIALITY & NON-DISCLOSURE OF RELEASED INFORMATION |
| I understand that the data maintained within the systems listed in the <i>Application Section</i> below contains sensitive and confidential information. |
| 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. |
| Application Section: |
| SAMS Spectra – Student Information System School Status |
| |
| |

Date



| Printed Name: |
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| School/Building: |
| 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 ransmission 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 |
| Jnless 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 |
| ransmission. During such times, employees are asked to follow these guidelines: |
| Avoid face-to-face meetings whenever possible. Use phones, video conferencing, email, or messaging—even with coworkers in the same building. 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. |
| Signature Date |

School / Department

Printed Name