Walton County School District Acknowledgement Form

Employee Name:_____

Position: Substitute **Social Security #**_____

I acknowledge that I have reviewed the Walton County School District Acknowledgement Form with the policies, procedures, local school teacher and school nurse job description (if applicable). I have read the policies, procedures, and job description (if applicable) provided to me and listed on the Walton County School District Acknowledgement Form. I agree that if there is any policy, procedure or provision of the job description that I do not understand, I will seek clarification from my supervisor. I also understand that these policies, procedures and job description are continually evaluated and may be amended, modified or rescinded at any time. I understand that there is an electronic version of all Walton County School District policies on the WCSD website, (www.walton.k12.ga.us).

A. Walton County School District Policies:
Please initial on each line that you have read the policies listed below.

_____	**GAE**	**Complaints and Grievances**
_____	**GAEB**	**Sexual Harassment and Discrimination**
_____	**GAMA**	**Drug Free Workplace**
_____	**GAMAB**	**Smoking and Use of Tobacco Products**
_____	**IFBD**	**Internet Acceptable Use**
_____	**JGI**	**Child Abuse or Neglect**
_____	**GBU**	**Professional Personnel Ethics (Code of Ethics includes all administrators, teachers, paraprofessionals, substitutes and any other personnel who hold certificates issued by Georgia Professional Standards Commission.)**

B. Please initial that you have read the applicable job description and job description supplement. You can perform the essential functions of the position.

_____ Classroom teacher **_____School nurse**
_____ Job description supplement 04

C. _____ I acknowledge these policies, procedures, and job description (if applicable) and agree to comply with them and all of the policies and procedures of Walton County School District as well as all lawful directives of my supervisors and to obtain clarification from a supervisor if I do not understand a policy, procedure or directive.

Employee's Signature _____**Date** _____