



## ANNUAL MANDATED NOTIFICATIONS

Please initial:

- \_\_\_\_\_ [Americans with Disabilities Act \(Reasonable Accommodation\)](#)
- \_\_\_\_\_ [Bloodborne Pathogens](#)
- \_\_\_\_\_ [Child Abuse Prevention And Reporting](#)
- \_\_\_\_\_ [Civility Policy](#)
- \_\_\_\_\_ [Complaints Concerning Instructional Materials](#)
- \_\_\_\_\_ [Complaints Concerning District Employees](#)
- \_\_\_\_\_ [Convicted Sex Offender Information](#)
- \_\_\_\_\_ [Drug and Alcohol Free Workplace](#)
- \_\_\_\_\_ [Family Care and Medical Leave](#)
- \_\_\_\_\_ [Guidelines for Using Social Networking Sites](#)
- \_\_\_\_\_ [Hazardous Materials Communication Program](#)
- \_\_\_\_\_ [Healthy Schools Act of 2000](#)
- \_\_\_\_\_ [Legal Responsibilities of Public Employees](#)
- \_\_\_\_\_ [On-Line Resources Rules and Regulations](#)
- \_\_\_\_\_ [Maintaining Appropriate Adult-Student Interactions](#)
- \_\_\_\_\_ [Professional Learning Community Meeting Time \(\*\*Teachers only\*\*\)](#)
- \_\_\_\_\_ [Professional Standards \(\*\*Teachers only\*\*\)](#)
- \_\_\_\_\_ [Safety Practices Safety and Security in the Newhall School](#)
- \_\_\_\_\_ [District Safety Practices Safety](#)
- \_\_\_\_\_ [Sexual Harassment / Discriminatory Conduct](#)
- \_\_\_\_\_ [Tobacco-Free Schools Policy](#)
- \_\_\_\_\_ [Uniform Complaint Policy](#)
- \_\_\_\_\_ [Universal Precautions](#)
- \_\_\_\_\_ [Use of Copyright Materials](#)
- \_\_\_\_\_ [Wellness Policy Guidelines \(Student Wellness\)](#)

Your signature on this form certifies that you have reviewed, read and understand all of the above information (available on [www.newhallschooldistrict.com](http://www.newhallschooldistrict.com)) and agree to comply with all responsibilities of employment.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

School/Site: \_\_\_\_\_

Position: \_\_\_\_\_

**Please return signed form to your school office and/or department.**