EUCLID CITY SCHOOLS

New Employee Notification

Employee Name (Please Print)	
This is to acknowledge that my employer has inf	ormed me of the following information:
The Ohio Ethics Law Homeland Security Board Policies Anti-Harassment Anti-Harassment Guidelines Reporting Threatening Behavior G Nondiscrimination & Equal Employ Nondiscrimination Based on Gene Trug-Free Workplace Staff Discipline Staff Ethics Staff Dress & Grooming Student Discipline Corporal Punishment Internet Acceptable Use Communicable Diseases Blood-Borne Pathogens	ment Opportunity
(A complete Policy Manual is available on-line a	t <u>www.euclidschools.org</u> .)
Date	Signature