

**Hamilton Township School District**

**2016-2017**

**Web-Based Certification of Receipt  
Critical District Policies and Regulations:  
Custodial Staff  
Maintenance Staff  
Cafeteria Staff  
Technology Staff**

(Sign and forward to your Supervisor by the close of the day on Friday, September 16, 2016 (*keep a copy of your records*))

I, \_\_\_\_\_ (Print name clearly), hereby acknowledge that I have accessed and read the following critical District Policies and Regulations on \_\_\_\_\_, 2016:

Policy #5350	Student Suicide Prevention
Regulation #5350	Student Suicide Prevention
Policy #5512	Harassment, Intimidation and Bullying
Regulation #5512	Reporting Procedure – Hazing and/or Harassment, Intimidation or Bullying
Policy # 5751	Sexual Harassment of (Pupils)
Regulation #5751	Sexual Harassment of (Pupils)
Policy #4159	Support Staff Member/School District Reporting Responsibilities
Policy # 4212	Attendance – Support Staff
Policy #4282	Use of Social Networking Sites – Support Staff Members
Policy #4352	Sexual Harassment (Support Staff)
Policy #4432	Sick Leave – Support Staff
Policy #4436	Personal Leave – Support Staff
Policy #7430	School Safety
Regulation #7430	School Safety
Policy #7441	Electronic Surveillance in School Buildings and on School Grounds
Policy #7522	School District Provided Technology Devices to Staff Members
Policy #8420	Emergency and Crisis Situations

Further, I do hereby understand and agree that I have read and understand these Policies/Regulations and if I have any questions, concerns or comments growing out of or in connection with said Policies/Regulations, I will contact my Supervisor or the contact person referenced in the actual Policy/Regulation.

\_\_\_\_\_  
(Employee Signature)