

# ACKNOWLEDGEMENT PAGE

20\_-20\_ SCHOOL YEAR

Please Print

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Position

1. *I hereby certify that I will abide by the conditions set forth in the SD287 TroyNet Network Acceptable Use Procedures, the SD287 Network Code of Conduct, and the SD287 Network Access Release Form.*
2. *I acknowledge that I have read and understood the Drug-Free Workplace Policy of Troy School District No. 287. Any concerns with the Program have been discussed with my supervisor for clarification.*
3. *I acknowledge that I have read and understood the Family and Medical Leave (FMLA) Policy of Troy School District No. 287.*
4. *I have received a copy of the Code of Ethics.*
5. *I have received a copy of the Troy School District No. 287 Handbook.*

*I have read and certify statement 1, 2, 3, 4, 5 above.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

For purposes of Idaho Code 33-524(8), this form must remain on file with the District for a period of three years. Accordingly, this document may be placed in your personnel file or maintained in some other physical or electronic file.