

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**  
**EMPLOYEE ACKNOWLEDGEMENT FORM/ RECEIPT OF INFORMATION**

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My initials below indicate acknowledgement that I have read and understand the following information:

\_\_\_\_\_ **The Policy Manuel** contains the full text of the policies and procedures adopted by The School Board of Broward County, Florida, including policies on drugs, narcotics and alcohol, the reporting of arrests, sexual harassment and additional rules and regulations affecting employment. The School Board may modify or rescind any policies, benefits or practices at any time. The Policy Manual may be accessed via the intranet (<http://web/sbbcpolicies>)

\_\_\_\_\_ The School Board of Broward County, Florida will provide workers' compensation benefits in accordance with Florida Statutes (Chapter 440) to employees injured in an accident arising out of and in the course and scope of employment. All workers' compensation medical care must be directed and authorized by the District's self-administered workers' compensation unit. To report a work-related accident or illness please call the triage line at 800-374-4810. Additional information regarding the District's workers' compensation program can be found online (<http://www.broward.k12.fl.us/rmt/WorkersCompensation.html>).

\_\_\_\_\_ **Nondiscrimination Policy 4001.1 and Antibullying Policy 5.9** The policies concerning nondiscrimination and antibullying can be found at <http://web/sbbcpolicies/index.asp>. All district employees, faculty and staff are required and must report, in writing, any allegations of bullying or violations of the Policy involving students to the principal/designee or appropriate area/district administrator. Further, any district faculty or staff who suspects adult on adult bullying is strongly encouraged to report any concerns. The Anonymous Bullying Report Form can be found at (<http://www.broward.k12.fl.us/siu/tips>). Call the Emergency/Silence Hurts Tip line at (754) 321-0911; send an email to [school911@browardschools.com](mailto:school911@browardschools.com) or text SBBC (space) plus the message to CRIMES (274637).

\_\_\_\_\_ **The Code of Ethics of the Educational Profession in Florida and the Principals of Professional Conduct for the Education Profession in Florida.** I recognize the standards of ethics as a member of the education profession in Florida and accept the obligation and responsibility placed upon me. The detailed text of the code is available via the Department of Education website at <http://www.fldoe.org/teaching/professional-practices/code-of-ethics-principles-of-professio.stml> I understand it is my responsibility to review this document.

\_\_\_\_\_ **Loyalty Oath as mandated by Florida Statute 876.05:** "I, as a citizen\* of the State of Florida and of the United States of America and being employed by or an officer of The School Board of Broward County, Florida, and a recipient of public funds as such employee or officer do hereby solemnly swear or affirm that I will support the Constitution of the United States and the State of Florida." \*Non-US citizens may consider "citizen" above to designate "residing in".

\_\_\_\_\_ **Mandatory Online Training: Security and Privacy Awareness**  
This training contains information on how to protect the personal data of the District's students and employees. In the security section, you will gain important information on safe cyber user behavior, including how to create strong passwords to prevent hacking and how to avoid phishing attacks. The privacy section contains valuable information to protect the confidentiality of education records, including parents' basic privacy rights pursuant to federal law, the elements of a valid consent to disclose records, and consequences to violating the law. This training, which should take an estimated 15 minutes to complete, is available in Canvas (the District's Learning Management System) at this link: <https://browardschools.instructure.com/enroll/A9HPWX>

My signature below indicates my understanding of and compliance with the policies and programs outlined above:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Original – Personnel File