

West Bonner County School District

PERSONNEL

5620F

Safety Management Program Acknowledgement

I have been informed about the content, procedures, and expectations of the Safety Management Program Policy and Procedures. I have received a copy of the policy and procedures and agree to abide by the guidelines as a condition of employment and continuing employment by the District.

I understand that if I have questions, at any time, regarding the Safety Management Program Policy and Procedures, I will consult the Superintendent or his designee.

Employee Signature

Employee Printed Name

Date

Policy History:

Adopted on: July 15, 2020

Revised on: