



#1 Mandatory
Sign and Return

CULVER CITY UNIFIED SCHOOL DISTRICT
MANDATED EMPLOYEE NOTIFICATION
DOCUMENTS ACKNOWLEDGEMENT FORM
2019/2020

I acknowledge that I have reviewed a copy of the Culver City Unified School District Mandated Notification Documents. I am aware that these documents are also on the District's website. I have read and understand the following required Annual Mandated Notification Notices:

- Communicable Disease Control Information
- Hazardous Materials Communication Program
- Mandated Child Abuse Reporting
- Tobacco Free Workplace
- Drug and Alcohol-Free Policy
- Employee Assistance Service for Education (not required, but included)
- Non Discrimination Policy
- Uniform Complaint Procedures
- Williams Complaint Procedures
- Bullying Policy
- Suicide Prevention Policy
- Sexual Harassment Policy
- Industrial Accident Reporting (not required by Ed Code, but included)
- Acceptable Use Policy for Electronic Resources (not required by Ed Code, but included)
- Confidential Emergency Contact Information (not required by Ed Code, but included)
- ABI/Portal CCUSD Staff Use Agreement (for certificated employees only)
- Confidentiality Agreement (K-12 Certificated teachers only) (not required by Ed Code, but included)

Print Name: _____

Work Location: _____

Signed: _____

Date: _____

Please return to your site administrator.
If you need additional information, please contact your supervisor. Thank you for your assistance.
The Office of Human Resources

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Sign and Return



CULVER CITY UNIFIED SCHOOL DISTRICT
Electronic
Resources
Guidelines

Required Signatures - District Staff
Section Acceptable User Policy Sections

(Please initial that you have read each section)

- Personal Responsibility
- Acceptable Use
- Privileges
- Network Etiquette and Privacy
- Services
- Security
- Vandalism
- Cell Phone Policy

I understand and will abide by the provisions and conditions of this Electronic Acceptable Use Policy. I understand that any violations of the stated provisions may result in disciplinary action, the revoking of my user account and appropriate legal actions. As an employee, I agree to instruct students on acceptable use of the network and proper network etiquette. I also agree to report any misuse of the information system to the Culver city Unified School District system administrator.

Staff Member Name (please print): _____
Signature: _____
Date: _____

Please return to site supervisor.

CULVER CITY UNIFIED SCHOOL DISTRICT Confidential Emergency Contact Information

Collecting accurate emergency information is designed to protect our employees in case of an emergency. We are concerned about your health and may need to contact your family, close relative, or partner. This private and confidential information will only be used for emergency purposes. Please fill out the information below.
Thank you.

PERSONAL INFORMATION

Name: Miss Mrs. Ms. Mr. Dr.
Last Name _____ First Name _____ Middle Initial _____
Former Name (if applicable): _____
Current Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____ E-Mail Address _____
Vehicle License Plate Number _____ Make _____ Model _____ Color _____

DIRECTORY

Certificated Employee **Classified Employee**
Position/Assignment: _____ Work Site Location _____

MEDICAL INFORMATION

Name of Physician _____ Physician Phone _____
Physician Address _____ Hospital _____
Significant Health Problems _____
Current Medication(s) _____ Allergies _____

PRIMARY EMERGENCY CONTACT

SECONDARY EMERGENCY CONTACT

| | | | |
|---------------|--------------------|-----------------|--------------------|
| Name _____ | Relationship _____ | Name _____ | Relationship _____ |
| Address _____ | | Address _____ | |
| City _____ | Zip _____ | City _____ | Zip _____ |
| Phone _____ | Other Phone _____ | Phone _____ | Other Phone _____ |
| Date _____ | | Signature _____ | |

**Please turn in this Emergency Form to your site administrator/supervisor. The Emergency Form will remain at your site.
Site Administrator will send a copy to Human Resources**

**Culver City Unified School
ABI USE AGREEMENT**

Employee Name _____

Work Site _____

The district operated Web Interface (ABI) to Aeries is a centralized database containing personal, demographic, disciplinary, grade, testing and other pertinent confidential student information. In order to allow the broadest use of ABI, to protect the integrity of the information and ensure the protection of privacy for all involved, employees wishing to access ABI are requested to read and sign this Use Agreement.

1. The Site Administrator or Department Director will first authorize user access prior to the District granting system privileges.
2. The system contains privileged information regarding students. Information will be used only for official school business.
3. Users will not furnish their password and access to anyone else.
4. Students and unauthorized personnel will not be allowed access to the system.
5. If any user becomes aware of any erroneous information contained in the system, he/she will alert the site administrator or site designee.
6. When leaving any computer through which the user has accessed ABI, he/she will lock the computer in order to help avoid unauthorized access.

I, _____, accept the terms of the ABI Use Agreement. I understand that access and use of information for personal or other than official district business constitutes misuse of the system and may be grounds for disciplinary action. In the case of support agency personnel, misuse may be grounds for severance of access privileges.

Employee's Signature

Date

Site Administrator/Department Director

Date

**#5 Mandatory
for K – 12 Certificated Teachers
Sign and return.**

CONFIDENTIALITY AGREEMENT

You are hereby granted access to AERIES so that you may review the attendance of each pupil who has engaged in, or is reasonably suspected to have engaged in, any of the acts described in any of the Education Code subdivisions, except subdivision (H), of Section 48900.

You are being notified that the students marked with an asterisk (*) on the attached list and in Aeries are enrolled in your class and have previously been suspended or expelled during the last three years or are currently placed on formal probation. You have the right to view your students' discipline information through the student information system, Aeries, in which you will have read only access or by accessing the students' cum file.

Please mark if you would like to view the information on the students' previous suspension/expulsion/probation.

I wish to view the suspension/expulsion/probation information (contact your site administrator on how to access this information).

I do not wish to view the suspension/expulsion/probation information

By signing below you are acknowledging you have been informed of your rights as stated in AB 29 and Ed. Code 49079.

Teacher _____

Date _____

Principal/Designee _____

Date _____