

School District of Philadelphia - Office of Human Resources

440 N. Broad Street, Suite 222, Philadelphia, PA.19130 staffing@philasd.org

Employee Acknowledgement Form

In order to complete your employment processing, you will need to initial and acknowledge you have read and understand the policies and procedures of the School District of Philadelphia.

_____ I acknowledge that I have received an electronic version of the School District of Philadelphia Employee Handbook. (www.philasd.org/employees)

_____ I acknowledge that I have received an electronic copy of the School District of Philadelphia Workers' Compensation Act. I have fully read and understand my rights and duties under the Workers' Compensation Act. (Sections 5.1 to 5.4, pgs. 52-55 in the Employee Handbook)

_____ I acknowledge that I have fully read, understand and have received an electronic copy of the School District of Philadelphia Code of Ethics. (Section 1.3-B, pgs. 5-14 in the Employee Handbook)

_____ I acknowledge that I have received an electronic version the PFT salary schedule and understand that my annual compensation is in compliance with the PFT collective bargaining agreement. I understand that in order to receive salary credit, I must provide official transcripts for educational credit and contact information from previous employers in order to receive prior years teaching experience. (www.pft.org)

_____ I acknowledge that it is my responsibility to provide and comply with all of the new hire required documents and to ensure all the information provided is accurate. 01alid documents: PA Child Abuse, PA Criminal Background, FBI Clearance, Philadelphia Health Form, and Identification)

_____ I acknowledge that I have received an electronic version of the information on the District's substitute services policies and the District's Automated Substitute Request System (ASEOP). (www.philasd.org, click on careers, then click ou forms)

_____ I acknowledge it is my responsibility to hold a valid and active professional teaching certification. I understand it is my responsibility to comply with the PA Department of Education and the School District of Philadelphia policies regarding highly qualified standards and PA certification.

Date

Signature of Candidate (Must be in ink and original)

Candidate Social Security Number

Candidate Name (Please print)