

STAFF PERSONNEL

Series 400

POLICY TITLE NOTIFICATION OF ARREST, CRIMINAL CHARGES, OR CHILD ABUSE COMPLAINTS No. 401.17

Employees of the Johnston Community School District must notify the Department of Human Resources of the Johnston Community School District of any arrests, the filing of any criminal charges, and the disposition of any criminal charges pending against them. Notification to the Department of Human Resources should occur within five (5) business days of notification to the employee. Except for employees whose duties require possession of a Commercial Drivers License, simple misdemeanors do not need to be reported by employees.

Employees must notify the Department of Human Resources of any child abuse complaints filed against them. Employees must notify the Department of Human Resources regarding the findings in any complaint against them alleging child abuse. Notification of the Department of Human Resources of any complaints and findings should occur within five (5) business days of notification to employee.

Information relating to arrests, criminal charges, and child abuse complaints shall be treated and maintained as part of the employee's confidential file.

Employees who do not notify the District as required under this policy may be subject to disciplinary action up to and including termination.

Date Approved: August 28, 2006

Last Date Reviewed: April 3, 2017

Last Date Revised: April 3, 2017

CONFIDENTIAL

EMPLOYEE NOTIFICATION FORM

Name: _____

Date: _____

Address: _____

Home Telephone: _____

Description of Charge/Complaint/Arrest:

Date of Next Court Appearance or Proceeding: _____

I state and verify the above information and any supplemental information provided below is true, complete, and accurate to the best of my knowledge. I agree and understand it is my sole responsibility to supplement the information on this form as needed to provide the district with the most current, complete, and accurate information.

I authorize the district's Executive Director of Human Resources to verify and confirm, if necessary, any and all information provided on this form.

Name

Date

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Supplemental/Changed Information:

Date:

Supplemental/Changed Information:

Date:

Supplemental/Changed Information:

Date: