

Grizzly Annual Notifications Checklist and Acknowledgement Form 2024

Items for you to review are available on the Grizzly Employee Resources website (https://www.grizzlyyouthacademy.org/the-program/academics/employee-resources/). Please go to the website and review the documents listed under Forms, Policies, and Notices.

	Please complete this acknowledgement form and the items below and submit them via mail <u>or</u> email by October 31, 2024 . Scanned/ electronic copies of these documents can be submitted electronically via email		
	Mail To: SLOCOE ATTN: Human Resources, Alysen Barron 3350 Education Drive San Luis Obispo, CA 93405	Email To: abarron@slocoe.org	
✓	Review the Forms, Policies, Notices, and Handbook documents on the Grizzly website and complete this Acknowledgement Form 1. Review the Polices and Notices on the GRIZZLY website https://www.grizzlyyouthacademy.org/the-program/academics/employee-resources/). 2. Sign, date, and submit this Acknowledgement Form to HR		
√	Annual Mandated Child Abuse Reporting for Educators Training Module <u>ALL</u> Substitute employees are <u>required</u> to complete this annual training by October 31, 2024		
✓	Annual Sexual Harassment Prevention Training for Non-Supervisory Personnel SB 1343 <u>ALL</u> Substitute employees are <u>required</u> to complete this annual training by October 31, 2024		
✓	NEW- HSA Basic Pest Management in the School and Childcare Settings <u>ALL</u> Substitute employees are <u>required</u> to complete this annual training by October 31, 2024		
√	Emergency Contact Form		
T O aı po al	he information listed above and on the GRIZZLY website outlines of Education and Grizzly Youth Academy; I understand that my questions I may have. Since the information referred to on this policies may occur. All such changes will be posted to the website of the information listed above and understand that it is my evisions made to them.	s important information about the San Luis Obispo County I should consult the Human Resources department regarding page is subject to change, I acknowledge that revisions to the and will be communicated to all employees. I have reviewed	
P	Printed Name		

Date

Signature