

# School District of Philadelphia - Office of Human Resources

440 N. Broad Street, Suite 222, Philadelphia, PA 19130 [staffing@philasd.org](mailto: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](http://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](http://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](http://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.

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**Date**

**Signature of Candidate (Must be in ink and original)**

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**Candidate Social Security Number**

**Candidate Name (Please print)**