

Appendix E - Safety Pledge

EMPLOYEES:

I hereby acknowledge the following:

1. That I have received the Litchfield School District Safety Plan and must familiarize myself with its contents.
2. That I will perform my job duties in a manner that safeguards myself, the students, as well as my co-workers, health and safety and will abide by all rules, regulations and standards.
3. That I understand that any disregard on my part of the District's safety policies, programs, rules and regulations will be cause for progressive disciplinary action up to and including dismissal.

Signed: _____

Print name: _____

Dated: _____

VENDORS:

For Vendor acknowledgment, please verify that all employees who are assigned to perform tasks at any facilities and grounds of the Litchfield School District are:

1. Aware of the Litchfield School District's Safety Plan contents;
2. Required to perform their job duties in a manner that safeguards themselves, all employees, students and members of the public, health and safety and will abide by all rules, regulations and standards; and,
3. Held responsible for any disregard on their part of the safety policies, programs, rules and regulations, with disciplinary action.

Company Name: _____

Vendor Signature: _____

Printed Name: _____

Dated: _____