

### Employee Notification of Arrest, Criminal Charge or Complaint of Child Abuse



Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date: \_\_\_\_\_



Description of arrest/charge/complaint:

Name of court, law enforcement agency or administrative agency:

Date notified of arrest/charge/complaint:

Date of next court appearance or other proceeding:

I state and verify that the above information and any supplemental information provided below is true, complete and accurate to the best of my knowledge. I agree and understand that 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 understand that any failure to report accurate information or misrepresentation may be grounds for disciplinary action up to and including termination from my employment. I authorize the District's Superintendent or designee to verify and confirm, if necessary, any and all information provided on this form.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**



Supplemental/Changed Information:

Date

Supplemental/Changed Information:

Date