

## SELF-REPORTING FORM

School Board Policy 2405 requires all employees to self-report in writing by completing the Self-Reporting Form and submitting it to the Security Clearance Department within forty eight (48) hours after the employee's arrest, citation, or charge for any Disqualifying Offense listed in Policy 2404, and all felonies or any other crimes that impact the employee's ability to perform any essential job functions. If the employee is unable to self-report in writing within forty-eight (48) hours to the Security Clearance Department due to incarceration or confinement, the employee shall notify his or her Principal/Department Head within forty-eight (48) hours after the arrest, citation, or charge.

| Last Name:                  | First Name:   | Middle Name:             |  |
|-----------------------------|---|--------------------------|--|
| Work Location:              |   | Personnel number:        |  |
| DOB:                        |   |                          |  |
| Reporting (check all tha    | t apply): ( ) Arrest ( ) Civil Citc                 | tion ( ) Final Judgement |  |
| Date of Arrest, Civil Citat | tion, and/or Final Judgement:                       |                          |  |
| Arresting Agency            |   |                          |  |
|                             |   |                          |  |
| Charges                     |   |                          |  |
|                             |   |                          |  |
| Describe Circumstances      | s (include date(s))                                 |                          |  |
|                             |   |                          |  |
|                             |   |                          |  |
|                             |   |                          |  |
| Final Judgement (if app     | licable)  |                          |  |
|                             |   |                          |  |
|                             |   |                          |  |
| Signature                   |   | Date                     |  |
| I                           | Return this form to the Security Clea               |                          |  |
|                             | Fax: 754-321-04<br>Scan & Email to: selfreporting@b |                          |  |
| Deli                        | iver in person to: 7720 W Oakland I                 |                          |  |

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