



**Lisette Estrella-Henderson, Superintendent of Schools**  
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**Annual Notifications Checklist and Acknowledgement Form 2024-2025**

Please sign and return this form to the Human Resources Department **by August 31** of the current school year as verification you have reviewed the information below. Email: [humanresources@solanocoe.net](mailto:humanresources@solanocoe.net).

Items for you to review are available on the Solano County Office of Education (SCOE) website [www.solanocoe.net](http://www.solanocoe.net).

**Policies:**

- Child and Dependent Adult Abuse Reporting Policy #5141.4
- Acceptable Use Agreement of Electronic Information Resources by Staff Policy #4040.1
- Employee Use of Electronic Information Resources Policy #4040
- Drug and Alcohol-Free Workplace Policy #4020
- Dressing and Grooming: Employee Standards (Professional Appearance) Policy #4119.22
- Complaints Policy #4144
- Work-Related Injuries Policy #4157.1
- Leaves Policy #4161
- Nondiscrimination in Employment Policy #4030
- Sexual Harassment Policy #4119.11
- Uniform Complaint Procedures Notification Policy #1312.3
- Visitors/Outsider Policy #1250
- Sponsored Social Media Policy #1114
- Tobacco-Free Schools/Workplace Policy #3513.3

**Other Documents:**

- Employee Handbook (all employees)
- Drugs and Alcohol in the Workplace
- Injury & Illness Prevention Plan & Addendums (COVID-19 Prevention Plan, Workplace Violence Prevention Plan, Heat Illness & Injury Plan, and Exposure Control Plan)
- Integrated Pest Management Plan & Appendix B - Staff Notification

**Employee Acknowledgement:**

The information listed above and on the SCOE website outlines important information about the Solano County Office of Education; I understand that I should consult the Human Resources department regarding any questions I may have. Since the information referred to on this page is subject to change, I acknowledge that revisions to the policies may occur. All such changes will be posted to the website and will be communicated to all employees.

**I have reviewed all the information listed above on the date below and understand that it is my responsibility to comply with the policies and any revisions made to them.**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_