



# PALLISER REGIONAL SCHOOLS

## CONFIDENTIALITY FORM FOR SUBSTITUTE (GUEST) SUPPORT STAFF

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Name of Substitute (Guest): \_\_\_\_\_

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

### DECLARATION OF CONFIDENTIALITY

As a condition of my casual employment, I promise that I will maintain confidentiality with respect to information regarding all students or employees of Palliser Regional Schools. I understand that disclosure on my part of any such privileged information may be cause for immediate termination as a substitute and elimination of any future employment prospects with Palliser Regional Schools.

IN WITNESS WHEREOF this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I hereby acknowledge that I have read, understand and accept the above responsibility as a condition of my casual employment with Palliser Regional Division No. 26.

\_\_\_\_\_  
Signature of Substitute (Guest)

WITNESS:

Signed by the above employee in the presence of:

\_\_\_\_\_  
Witness