



PALLISER REGIONAL SCHOOLS

CONFIDENTIALITY FORM FOR SUBSTITUTE (GUEST) TEACHING STAFF

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

WITNESS:

Signed by the above employee in the presence of:

Witness