

School Board of Sarasota County, FL EMPLOYEE SELF-REPORTING FORM

Directions:

- Complete the appropriate boxes below – for an arrest or case conclusion
- Use ink (not pencil).
- Sign and date the Statement.
- Attach copies of any relevant documents. (Do not send originals.)
- Make a copy of this Self-Reporting Statement for your records.
- Put the Self-Reporting Statement and any supporting documents in an envelope marked “Confidential” and deliver to:

Human Resources Department, Attention: Executive Director of Human Resources
- Within one week, you will receive an acknowledgement of receipt from Human Resources.
- If you do not receive an acknowledgement of receipt within a week, please call Human Resources at extension 31205 for a status. (Remember: it is your obligation to self-report.)

EMPLOYEE INFORMATION

Employee Name _____	SSN (last 4 digits)	XXX-XX-	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Position _____	Work Location _____		
Telephone	<input type="checkbox"/> Home: _____	<input type="checkbox"/> Cell: _____	

ARREST INFORMATION

Date of Arrest	_____		
Arresting Agency	<input type="checkbox"/> Sarasota County Sheriff's Dept. <input type="checkbox"/> Sarasota Police Dept. <input type="checkbox"/> Other Agency: _____	<input type="checkbox"/> North Port Police Dept. <input type="checkbox"/> Venice Police Dept.	
Charge	_____		
Level of Charge	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	

JUDICIAL OUTCOME

Date of Outcome	_____		
Charge	_____		
Level of charge	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	
Outcome	<input type="checkbox"/> Conviction <input type="checkbox"/> Found Guilty <input type="checkbox"/> Adjudication Withheld <input type="checkbox"/> Entered a plea of Nolo Contendere (no contest) <input type="checkbox"/> Entered a pre-trial diversion program <input type="checkbox"/> Other: _____		

_____ Employee Signature	_____ Date
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