Employee Confidentiality Statement

As an employee of the Supplemental Instruction (SI) Program, I understand that I may have access to confidential information such as grades, student records, test results, student progress in class, and similar data. I am aware that I may receive verbal or written communication with my supervisor, course instructor, or other students concerning course grades which should be kept confidential. I also understand that employment with the SI Program means I must accept responsibility to preserve the confidentiality of this information and that failure to adhere to these guidelines may result in the termination of my employment.

I have read the above employee confidentiality statement and understand and accept the responsibility to preserve the confidentiality of privileged information.

__________________________________________________________
Employee Signature                               Date

__________________________________________________________
Employer Signature                                Date

Director Copy