



Administrative Offices

785 Riverside Avenue, Suite 1 • Adrian, Michigan 49221

Phone: 517 / 263-2115

Fax: 517 / 265-5381

Web Site: www.adrian.k12.mi.us

Dear New School Employee:

“School Safety” legislation (2005 PA 129-131 and 138) was enacted into law and will have an impact on your employment with the school/district. Cited below are the key provisions of the new law and how it will affect you personally.

All school staff employed by the school or district are required to have a criminal history record check conducted by the Michigan State Police (MSP) and the Federal Bureau of Investigation (FBI). This means having your fingerprints scanned electronically and submitted to the MSP.

Once the criminal history check has been conducted by the MSP, a report will be sent to the Michigan Department of Education identifying all school employees with a recorded criminal conviction. The Department will in turn provide the names of individuals convicted of a crime to the district superintendent and school board of the employing district. The report will include convictions for any crime, misdemeanor or felony. If you have been convicted of a non-listed felony, the district superintendent and the school board are required, by law, to agree in writing to continue your employment with the district/school. If you have been convicted of an offense that requires you to register your name on the sex offenders registry, your employment will be terminated and you will not be allowed employment (in any capacity) in a Michigan K-12 School, public or non-public.

The new law also requires you, as an employee of the district/school to self-report to your employer and the Michigan Department of Education when you have been arraigned/charged with certain identified crimes. You must do so within (3) three business days of arraignment or you will be guilty of an additional crime. The crimes are listed in MCL 380.1535a.

If you have further questions or concerns, you may wish to view additional information available at the following website: www.michigan.gov/teachercert. Or you can contact Stephanie Whiteside, Coordination Specialist, Office of Professional Preparation Services, at (517) 335-1167 or email WhitesideS@michigan.gov.

Sincerely,

Alice J. Chamberlain
Interim Director of Human Resources

Adrian Public Schools
Conviction Disclosure Form – New Employees

Name: *(please print)*

School District: *(please print)*

Position: *(please print)*

Pursuant to Public Act 138 of 2005, I represent that (check all that apply):

_____ 1. I have not been convicted of, or pled guilty or nolo contendere (no contest) or am the subject of a finding of guilt by a judge or jury of any crime.

_____ 2. I have been convicted of, or pled guilty or nolo contendere (no contest) or am the subject of a finding of guilt by a judge or jury for the following crimes *(attach a separate sheet of paper to explain the criminal offense, date, court, city/state, and circumstances surrounding the conviction)*:

Felony _____ Misdemeanor _____

Felony _____ Misdemeanor _____

Felony _____ Misdemeanor _____

In signing this form, I understand and agree that:

3. If I have been convicted of a listed offense, my employment shall be terminated. I also understand that if I have been convicted of a felony, other than a listed offense, the superintendent, or chief administrator and the School Board must each approve, in writing, my employment or work assignment.

4. Until the criminal history report is received and reviewed by the employing school district, I am regarded as a conditional employee and if the criminal history report is not the same as my representation(s) above, my employment contract is voided at the option of the school district.

Signature

Date

**Adrian Public Schools
Arraignment Disclosure Form**

Name *(please print)*

School Name: *(please print)*

School District *(please print)*

Position *(please print)*

Date of Arraignment *(please print)*

Pursuant to Public Act 131 of 2005, I hereby disclose that I was arraigned on the
aforementioned date for the criminal offense of _____

in _____ Court, located in the State of

_____, County of _____

In signing this form, I acknowledge that I understand that failure to disclose this information is a violation of Public Act 131 and can result in action being taken relative to my certification and/or employment.

In signing this form, I acknowledge that I understand that should I be convicted of or pled guilty or nolo contendere (no contest) or am the subject of finding of guilt by a judge or jury, it is my responsibility to disclose to the court that I am employed by a school, public or non-public. I also understand that if I am subsequently not convicted of any crime after the completion of judicial proceedings resulting from that charge, I must request, in writing, that the Michigan Department of Education and the employing school district delete the report from my records.

Signature

Date

Adrian Public Schools
Current Employee Subsequent Conviction Disclosure Form

*(for any convictions under Public Act 138 subsequent to the initial
disclosure and fingerprint check done after January 1, 2006)*

Name: *(please print)*

School District: *(please print)*

Position: *(please print)*

Pursuant to Public Act 138 of 2005, I represent that:

_____ 1. This serves as disclosure of subsequent (after initial fingerprinting) convictions for which I have been convicted of, or pled guilty or nolo contendere (no contest) or am the subject of a finding of guilt by a judge or jury for the following crimes *(attach a separate sheet of paper to explain the criminal offense, date, court, city/state, and circumstances surrounding the conviction)*:

Felony _____ Misdemeanor _____

Felony _____ Misdemeanor _____

Felony _____ Misdemeanor _____

In signing this form, I understand and agree that:

2. If I have been convicted of a listed offense, my employment shall be terminated. I also understand that if I have been convicted of a felony, other than a listed offense, the superintendent, or chief administrator and the School Board must each approve, in writing, my employment or work assignment.

Signature

Date