



Lee A. Tolbert Community Academy
3400 Paseo Boulevard, Kansas City, MO 64119

Lee A. Tolbert Community Academy

Employee Name (Please Print): _____

My Signature below indicates that I have received the **STAFF HANDBOOK** on the Google Drive for Lee A. Tolbert Community Academy. I understand that it is my responsibility to be aware and in support of the procedures and rules about the Academy that are listed and discussed in this handbook. I will read the information and also make sure that I am informed of its content.

Employee Signature

Date

My Signature below indicates that I have received my **CLASSROOM KEYS** for Lee A. Tolbert Community Academy. I understand that the keys are charged to the teacher; if lost during the school year, a fee of \$50.00 will be charged. Keys may not be duplicated or transferred to another person except through the office. Keys must be turned in at the end of the school year. *The custodians must have uninterrupted time to clean the facility at year's end.* **Room #** _____ **or Floor # (Master)** _____

Employee Signature

Date