

CONFIDENTIALITY STATEMENT

I, _____, understand that as a condition of
(PRINT NAME)

employment or volunteer activity with Gloucester Public Schools of the City of Gloucester, Massachusetts, I will be required to maintain confidentiality regarding any and all department matters at all times. This requirement includes not discussing sensitive departmental issues, which may include School/City personnel, School/City officials, legal proceedings or investigations, medical reports, criminal reports, contracts, or job applicants with any person outside the department that I work within. I agree to use reasonable discretion in discussing such issues with other departmental personnel and will abide by any restrictions in communication specified by my Supervisor.

I understand that failure to comply with the terms of this agreement may result in termination of my employment or assignment with Gloucester Public Schools and/or the City of Gloucester.

DATE

SIGNATURE