

USD 378 Riley County Schools  
Substitute Blood Borne Pathogen Agreement

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

I have received the USD 378 booklet and taken the test with a passing score of 90% or better:

Date: \_\_\_\_\_ Test score: \_\_\_\_\_

I have gone through blood borne pathogen training at another facility:

Date: \_\_\_\_\_ Facility: \_\_\_\_\_

I confirm that the above information is true and accurate to the best of my knowledge, and understand if found to be false would constitute non-compliance of policy and are grounds for being taken off the substitute system for USD 378 Riley County.

\_\_\_\_\_  
Substitute Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
AESOP Administrator

\_\_\_\_\_  
Date