Employee signature

EMPLOYMENT REQUIREMENTS AND RESTRICTIONS: CONFLICT OF INTEREST

DBD (EXHIBIT)

KELLER INDEPENDENT SCHOOL DISTRICT

DISTRICT EMPLOYEE AFFIDAVIT

As an employee of the Keller Independent School District, I hereby state and affirm that I have reviewed Board policies, District regulations, and operating procedures related to potential conflicts of interest, including without limitation, Board policies DBD(LOCAL), (LEGAL), and (EXHIBIT). I further state and affirm that I will comply with such policies, regulations, and procedures at all times during my employment with the District.

Employee signature	
Printed Name	
Keller Independent School District	
State of Texas	
County of Tarrant	
Before me, a Notary Public, personally appeared, known to me to be the person whose name is subscribed to the foregoing document, and, being by me first duly sworn, declared that the statements contained therein are true and correct.	
[SEAL]	
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ı	Notary Public