



INDIVIDUAL CUSTODIAL MEETINGS Confidentiality Agreement for Attendee(s)

In agreeing to meet with the Department of Human Resources staff and _____,
I understand that I will be hearing a discussion regarding confidential matters related to his/her employment and separation from ACPS.

I agree to maintain confidentiality of all information and agree to discuss the information only with the custodial staff member involved.

Name

Signature

Date