



District Felony Conviction Employment Form

Per [Michigan Compiled Law 380.1230\(9\)](#), in order to employ or continue employment of an individual who has been convicted of a felony other than a [listed offense](#), the superintendent or chief administrator and the governing board or governing body, if any, of the school district, intermediate school district, public school academy, or nonpublic school must approve the employment or work assignment in writing.

The individual listed below has a felony conviction on record. By signing this form, each signer acknowledges that they have verified the individual's conviction and determined whether the individual may be employed/maintain employment.

District Name:

(Last Name, First Name, Middle Initial)

(Personal Identification Code (PIC), if known;
Date of Birth, if PIC not available)

(Race/Ethnicity)

(Gender)

Approve Employment Deny Employment

(School District Superintendent Signature)

(Date)

(Email Address)

(Phone Number)

Approve Employment Deny Employment

(Board President Signature)

(Date)

(Email Address)

(Phone Number)