



101 WEST CENTER STREET, LOGAN, UT 84321  
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## Legal Liability Protection for School Employees

I understand that Logan City School District and its employees receive liability coverage through the Utah State Division of Risk Management. I acknowledge that I have received the "*Legal Liability Protection for School Employees*" pamphlet which provides general descriptions of my liability protection as a school district employee.

Employee Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the Department of Human Resources  
at the Logan City School District Office.