



**ACKNOWLEDGEMENT OF RECEIPT
PALM BEACH COUNTY
CODE OF ETHICS TRAINING**

Legal Name: _____ (Please print clearly)

Employee Identification Number: _____

Agency/Municipality: _____

Department/Board: _____

Check those items that apply

I acknowledge that I have read a copy of the Palm Beach County Code of Ethics (printed or posted on the intranet/internet) and completed additional training by:

- Watching the Code of Ethics Training Program on the Intranet/Internet.**
- Watching the Code of Ethics Training Program on DVD.**
- Attending a live presentation given on _____, 20__.**

I understand that I am responsible for understanding and abiding by the Palm Beach County Code of Ethics as I conduct my assigned duties during my term of employment. I also understand that the information in this policy is subject to change. Policy changes will be communicated to me by my supervisor or through official notices.

(Legal Signature)

(Date)

Employees: Submit signed form to your Department Head

Department Heads: Submit signed forms to Records, Human Resources

Advisory Board Members: Submit signed forms to Appropriate Municipal Representative

**PLEASE SUBMIT THIS FORM TO APPROPRIATE PARTY AS HIGHLIGHTED ABOVE
PLEASE DO NOT SUBMIT THIS FORM TO THE COMMISSION ON ETHICS**

300 North Dixie Highway, Suite 450, West Palm Beach, FL 33401

PHONE: 561.355-1915 FAX: 561.355-1904

Hotline: 877.766.5920 E-mail: ethics@palmbeachcountyethics.com

Website: www.palmbeachcountyethics.com