



ACKNOWLEDGEMENT OF RECEIPT PALM BEACH COUNTY CODE OF ETHICS TRAINING

Legal Name: _____ (Please print clearly)

Employee Identification Number: _____

Department/Board: _____

By signing this acknowledgement, I am attesting that I have done the following:

Read the [Palm Beach County Code of Ethics Ordinance](#) . (Click to open)

AND

Have completed additional training by viewing one of the following:

The Code of Ethics Training Program on the [Intranet/Internet](#). (Click to view)

The Code of Ethics Training Program on [YouTube](#). (Click to view)

The Code of Ethics Training Program on DVD.

A live presentation given on the following date _____.

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)

[Click here to submit form automatically to Human Resources](#)
PLEASE DO NOT SUBMIT IF YOU ARE AN ADVISORY BOARD MEMBER

Officials and Employees: Submit signed forms to HR-EthicsTrainingRec@pbcgov.org
Advisory Board Members: Submit signed forms to Appropriate Advisory Board Representative

**PLEASE SUBMIT THIS FORM TO APROPRIATE 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

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Hotline: 877.766.5920 Website: www.palmbeachcountyethics.com