



*Honesty - Integrity - Character*

# **PALM BEACH COUNTY**

## **CODE OF ETHICS**

### **TRAINING ACKNOWLEDGEMENT**

Legal Name: \_\_\_\_\_ (Please print clearly)

Employee Identification Number: \_\_\_\_\_

Agency/Municipality: \_\_\_\_\_ Dept/Board: \_\_\_\_\_

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

Read the [Palm Beach County Code of Ethics Ordinance \(Ctrl+Click to follow link\)](#)

**AND**

Have completed additional training by viewing one of the following:

The Code of Ethics Training Program on the [Intranet/Internet](#). (Ctrl+Click to follow link)

The Code of Ethics Training Program on [YouTube](#). (Ctrl+Click to follow link)

The Code of Ethics Training Program on DVD.

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)

**Officials and Employees:** Submit signed forms according to your agency's policy

**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**

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