



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

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