

ACKNOWLEDGEMENT OF RECEIPT
PALM BEACH COUNTY CODE OF ETHICS
TRAINING FOR MUNICIPAL EMPLOYEES,
ELECTED/APPOINTED OFFICIALS AND
ADVISORY BOARD MEMBERS

Legal Name: Robin N. Fiore (Please print clearly)

Employee Identification Number: _____

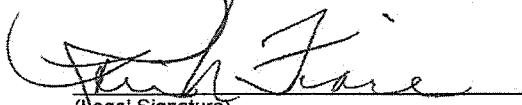
Department/Board: Commission on Ethics

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.

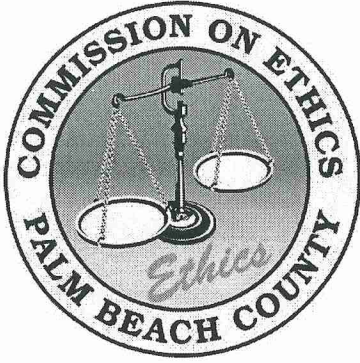

(Legal Signature)

28 June 2012
(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 APROPRIATE PARTY AS HIGHLIGHTED ABOVE
PLEASE DO NOT SUBMIT THIS FORM TO THE COMMISSION ON ETHICS

2633 Vista Parkway, West Palm Beach, FL 33411 561.233.0724 FAX: 561.233.0735
Hotline: 877.766.5920 E-mail: ethics@palmbeachcountyethics.com
Website: www.palmbeachcountyethics.com



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Legal Name: Manuel Farach (Please print clearly)

Employee Identification Number: _____

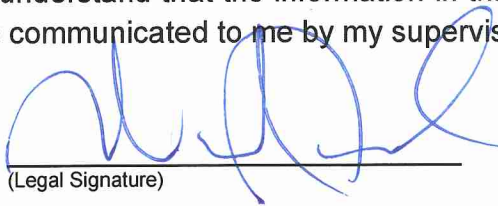
Department/Board: Commission on Ethics

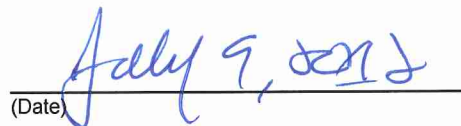
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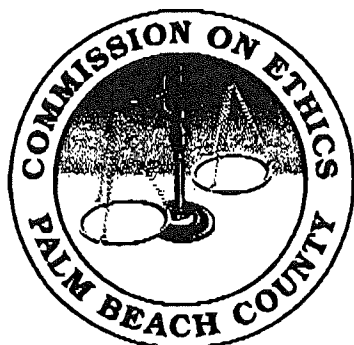

(Legal Signature)


(Date)

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Legal Name: RONALD E HARBISON (Please print clearly)

Employee Identification Number: _____

Department/Board: Commission on ETHICS, PALM BEACH COUNTY

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Ronald E Harbison
(Legal Signature)

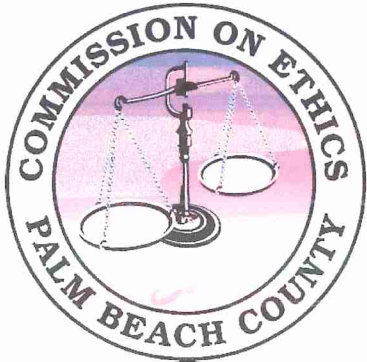
July 10, 2012
(Date)

Employees: Submit signed form to your Department Head

Advisory Board Members: Submit signed forms to Appropriate Municipal Representative

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Legal Name: Patricia L. Archer (Please print clearly)

Employee Identification Number: _____

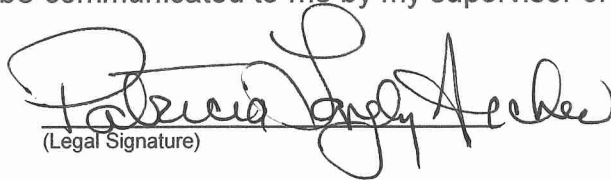
Department/Board: Commission on Ethics

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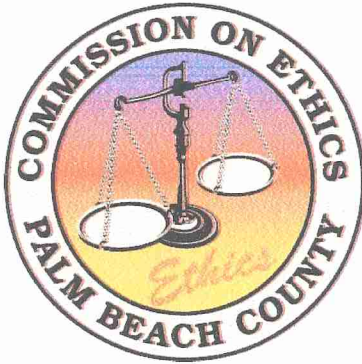
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(Legal Signature)

September 10, 2012
(Date)

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Advisory Board Members: Submit signed forms to Appropriate Municipal Representative

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Legal Name: Daniel T. Galo (Please print clearly)

Employee Identification Number: _____


Department/Board: Palm Beach County Commission on Ethics

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(Legal Signature)

6/7/12

(Date)

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