

ACELIAN AA TITTATIATA OU BITTATI

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

Legal Name: Robin N. Flore	(Please print clearly)
Employee Identification Number:	
Department/Board: Commission on Ethics	nagy side Carper opposition
Check those items that apply	
I acknowledge that I have read a copy of the Palm (printed or posted on the intranet/internet) and completed	
✓ 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 a County Code of Ethics as I conduct my assigned duties I also understand that the information in this policy is sulwill be communicated to me by my supervisor or through	during my term of employment bject to change. Policy changes
(Legal Signature) 28.	June 2012

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

Rev. 06/2012



Legal Name: Manuel Farach	(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 (printed or posted on the intranet/internet) and completed addition	
Watching the Code of Ethics Training Program on the	e Intranet/Internet.
Watching the Code of Ethics Training Program on DV	/ D.
Attending a live presentation given on	, 20
I understand that I am responsible for understanding and abid County Code of Ethics as I conduct my assigned duties during I also understand that the information in this policy is subject to will be communicated to me by my supervisor or through official	my term of employment. change. Policy changes
(Legal Signature) (Date)	49,0013

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Legal Name: JONALD E HARBLON (Please print clearly)		
Employee Identification Number:		
Department/Board: Commission on ETHICS PACIN 38ACH		
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 Duly 10, 2012		
Employees: Submit signed form to your Department Head		
Advisory Board Members: Submit signed forms to Appropriate Municipal Representative		

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Rev. 06/2012



Legal Name: Patricia L. Archer	(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 Bead (printed or posted on the intranet/internet) and completed add	
Watching the Code of Ethics Training Program on Watching the Code of Ethics Training Program on Attending a live presentation given on	DVD.
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(Legal digitature) (Date)	

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Legal Name: Daniel 1. Galo	(Please print clearly)
Employee Identification Number:	_
Department/Board: Palm Beach County Commission on Ethics	Maria
Check those items that apply	
I acknowledge that I have read a copy of the Palm Beach (printed or posted on the intranet/internet) and completed additional acknowledge that I have read a copy of the Palm Beach (printed or posted on the intranet/internet) and completed additional acknowledge.	-
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(Legal Signature) (Date)	2

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