**Code of Ethics Acknowledgement Statement**

As required by the [DEPARTMENT NAME] Anti-Fraud Policy, a Code of Ethics Acknowledgement Statement is to be completed upon establishment of the Code of Ethics, within 30 days of hire, and on an annual basis. Please indicate which applies:

[ ]  Implementation of the Code of Ethics

[ ]  Within 30 days of hire (Hire Date )

[ ]  Annually

[ ]  Other ( )

My signature on this document indicates that I have read and fully understand the prohibited activities and my professional ethical conduct responsibilities as an employee described in the [DEPARTMENT NAME] Code of Ethics. I understand that violation of this Code of Ethics can result in disciplinary action up to and including termination, as well as referral to prosecuting authorities.

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| Employee Printed Name |  | Signature |  | Date |
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|  |  |  |  |  |
| Supervisor/Manager Printed Name |  | Signature |  | Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |
| Department/Division/Section |
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**Attention Supervisor/Manager:** This document can be manually signed or electronically certified. An employee’s direct supervisor is responsible for ensuring that the employee’s certification is sent to human resources to be maintained with employee personnel files.