



**ACKNOWLEDGEMENT OF RECEIPT  
PALM BEACH COUNTY  
CODE OF ETHICS TRAINING**

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

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

Agency/Municipality: \_\_\_\_\_

Department/Board: \_\_\_\_\_

**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)

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

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