



PRIVACY PRACTICES – COMPLIANCE AWARENESS TRAINING ACKNOWLEDGEMENT

TRAINING ACKNOWLEDGEMENT

Instructions: After you have completed the Compliance Awareness Training, please complete this training Acknowledgement and submit it to your supervisor or trainer.

Print name: _____
(LAST NAME, FIRST NAME)

Department Name: _____

Phone Number: _____

I acknowledge that I have received the El Dorado County Compliance Awareness Training. I agree to abide by the Code of Conduct as it relates to my job responsibilities. I understand that non-compliance with the Code of Conduct can subject me to disciplinary action up to and including discharge from service.

Signature: _____

Date: _____

- c: Workforce Member
- Unit File
- Official Personnel/Contractor File