

2009 NEW EMPLOYEE

ETHICS TRAINING COMPLETION CERTIFICATION

Please complete this form, which must be signed by both you and your supervisor (*i.e.*, your district director, chief of staff, or employing Member), verifying that you have watched the entire general ethics training video for new employees. Employees who work for more than one Member or committee should list all of their employing Members or offices. ***Once completed, fax this form to the Standards Committee at (202) 225-7392.***

I, _____, certify that I watched the entire, comprehensive general ethics training video for new employees lasting approximately one hour. This training **WAS/ WAS NOT** completed with 60 days of my hire date.

Date Watched: _____

Employing Member
or Committee: _____

Office Address: _____

Office Phone Number: _____

Employee Signature Date

Supervisor Name (print): _____

Supervisor Signature: _____

Date: _____