

EMPLOYEE INFORMATION AND ACKNOWLEDGMENT FORM

(The Chairperson of the Scientific Misconduct Panel will ensure that the subject of the allegation initials each statement below and returns the original signed/dated form to the Chairperson. A copy of the initialed, signed and dated form will be provided to the subject of the allegation.)

___ I have been informed and I understand this is an official investigation involving matters relating to my official duties as a Federal employee.

___ I have been informed and I understand that, as a Federal employee, I am required to cooperate with this official investigation and provide truthful answers.

___ I have been informed and I understand that if I refuse to cooperate and answer questions in this official investigation, my refusal to cooperate can be a basis for disciplinary action, which may result in my removal from Federal service.

___ I have been informed and I understand that if I provide information during this official investigation that I know to be false at the time I provide the information, my providing false information can be a basis for disciplinary action that may result in my removal from Federal service and also can be a basis for criminal prosecution.

___ I understand that I will have the opportunity to respond to the allegation and to present evidence and testimony to the Scientific Misconduct Review Panel orally and/or in writing.

___ I understand that I have rights as an employee during this process, and that my servicing human resources office can inform me of these rights.

Signature: _____ Date: _____

Name (please print): _____

Position Title, Series and Grade: _____

Duty Station: _____