

EMPLOYEE CERTIFICATION AND AGREEMENT

I certify that I have received and read the medical center's Code of Conduct and understand the requirements set forth in that document. I understand that I will be subject to disciplinary action, up to and including termination, for violating medical center policies or failing to report violations of medical center policies.

Name: _____
(please print)

Signed: _____

Date: _____

After reading the Code of Conduct, please sign this form and return it to your supervisor.