



STATE OF ILLINOIS

Acknowledgement of Participation in:

2018 Sexual Harassment Prevention Training for State Employees and Officials

By my signature below, I certify that I have carefully reviewed the content of the “2018 Sexual Harassment Training for State of Illinois Employees under the Jurisdiction of the Governor.” I either carefully read and reviewed these materials myself, or I reviewed the materials as part of a training session on the contents of the training materials with my Ethics Officer or a designee of the Ethics Officer. Furthermore, I certify that I understand that my failure to comply with the laws, rules, policies, and procedures referred to within this training course may result in disciplinary action up to and including termination of State employment/appointment, administrative fines, and possible criminal prosecution, depending on the nature of the violation.

Signature

Printed Name (First, Middle Initial, Last)

Agency, Board, Commission, or Other State Entity
by which you are employed or of which you are a member

Date of Completion

To document that you completed the annual training requirement, you must return a signed copy of this form to your Ethics Officer, or return it to a person at your agency, board, or commission that has been designated to collect completed training certificates. A list of Ethics Officers and their contact information can be found at <https://www2.illinois.gov/oeig/ethics/Pages/EthicsOfficers.aspx>.