



\_\_\_\_\_  
Employee Worksite

\_\_\_\_\_  
Employee Name (Please print)

\_\_\_\_\_  
Employee Social Security Number

\_\_\_\_\_  
Employee Personal Telephone Number

# **Pasco's Ethical Standards Overview Acknowledgement Form**

I acknowledge that I have:

1. viewed Pasco County's Ethical Standards video presentation.
2. received a copy of "The Code of Ethics and the Principles of Professional Conduct of the Education Profession in Florida".

In addition, I have been provided the opportunity to ask questions about this information and been informed of resources for additional information.

\_\_\_\_\_  
Principal or Worksite Supervisor

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*Completed forms are to be sent to Melissa Musselwhite, Human Resources Department.*