THE UNIVERSITY OF TOLEDO
HEALTH SCIENCE CAMPUS

EMPLOYEE CERTIFICATION OF UNDERSTANDING ETHICAL CONDUCT STATEMENT

I understand that I have a continuing obligation to adhere to the expectations of University of Toledo-Health Science Campus and will conduct my business affairs in an ethical manner. I have read and understand the Ethical Conduct Statement and am aware that I have an obligation to be familiar with the sections of the Ohio Revised Code contained in this booklet. I hereby certify that I have received the appropriate sections of the Revised Code as an attachment to this document. Should I become aware of information that indicates a probable violation of the ethical conduct expectations of the University of Toledo-HSC, I further understand my responsibility to report such violation to an appropriate University of Toledo-HSC Vice President.

PLEASE SIGN AND RETURN THIS FORM TO THE HUMAN RESOURCE DEPARTMENT WITHIN 10 (TEN) DAYS OF RECEIPT OF THIS BOOKLET.

________________________________                           ______________________
Signature                                                                   Date

__________________________________                         ______________________
Typed or Printed Name                                                  Position