



THE UNIVERSITY OF  
**TOLEDO**  
1872

**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**