

**COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
CODE OF CONDUCT AND STATEMENT OF
INCOMPATIBLE ACTIVITIES**

CERTIFICATION

I have completed training on the ***Health and Human Services Agency (HHSA) Code of Conduct and Statement of Incompatible Activities (Policy HHSA-M-1.2)*** and understand the importance of the expectations described in this document. I also understand there may be HHSA Region or Division-specific policies that I am also responsible for knowing and following.

_____ I completed the on-line training on _____(date), have received a copy of the ***HHSA Code of Conduct and Statement of Incompatible Activities*** booklet dated May 2005, and have had the opportunity to discuss any questions with my Supervisor.

OR

_____ I completed face-to-face training on _____(date), have received a copy of the ***HHSA Code of Conduct and Statement of Incompatible Activities*** booklet dated May 2005, and have had the opportunity to discuss any questions with my Supervisor.

Signature

Date

Printed Name

Employee ID Number

I have reviewed the ***HHSA Code of Conduct and Statement of Incompatible Activities (Policy HHSA-M-1.2)***, with the employee and provided answers to any questions they had.

Signature/Title

Date

Printed Name

Employee ID Number