



**2025 SEASONAL & TEMPORARY ETHICS TRAINING AND HARASSMENT AND DISCRIMINATION PREVENTION TRAINING**

I certify that I have carefully read and reviewed the content of, and completed, the 2025 Seasonal, Temporary and Medical Resident Ethics Training and Harassment and Discrimination Prevention Training. 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 university employment/appointment, administrative fines, and possible criminal prosecution, depending on the nature of the violation.

Name \_\_\_\_\_  
Last First Middle Initial

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MM/DD Only

EIU ENumber: \_\_\_\_\_

To be properly credited for training completion, please complete and return this signature page to the Eastern Illinois University Ethics Office in person, via campus mail or USPS mail:

Eastern Illinois University Ethics Office  
600 Lincoln Ave.  
2102 Blair Hall  
Charleston, IL 61920