

STATEMENT OF PERSONAL RESPONSIBILITY

- 1. I have been provided with a copy of the Department's Employee Code of Ethics and Personal Responsibility.
- 2. I understand that, by holding a position within state government, I have taken on the mantle of public service.
- 3. I am committed to maintaining an honest, ethical, and open system of government for the people of Florida.
- 4. I therefore pledge to honestly and faithfully comply with both the letter and spirit of the Department's Employee Code of Ethics and Personal Responsibility, as well as the requirements set forth in federal and state law, and Chapter 112, Part III, Florida Statutes, in the discharge of my duties and responsibilities as a public servant.
- I further pledge that, should questions regarding appropriate behavior arise, I
 will seek guidance from the Department's Office of the General Counsel on how
 to resolve the matter in question.
- 6. I understand that by signing this Statement of Personal Responsibility, I am acknowledging that I have received and read the Department's Employee Code of Ethics and Personal Responsibility and that this signed acknowledgement will become a permanent part of my official personnel file.

Employee Name:	 	
Employee Signature*:		
Date:	_	

Please print for your records.

^{*} Acknowledging receipt of this document in the department's electronic acceptance system substitutes as your signature. Provision within the Florida's Electronic Signature Act of 1996 and the Uniform Electronic Transaction Act, both provide that digital signatures or attestations may be substituted for the signature, unless otherwise provided by law (see section 668.004, F.S. and subsection 668.50(7), F.S.).