

BEDFORD COUNTY CODE OF ETHICS ACKNOWLEDGEMENT FORM

EMPLOYEE ACKNOWLEDGEMENT I acknowledge I have received a copy of Bedford County Government's Code of Ethics Policy, I understand it contains important information about the County's Ethics Policy and about my obligations as an employee or Official. I further understand and acknowledge I am governed by the contents of the Ethics Policy and I am expected to read, understand, familiarize myself with and comply with the policies contained within the Ethics Code.

Employee's Printed Name

Position

Employee's Signature

Date