

Acknowledgement of Participation



Printed Name
(first, middle initial, last)

Employee ID Number

Month and Day of Birth
(for example, July 15)

Today's Date

CTA

Employer

2023 Ethics Training for Employees of the CTA

I certify that I have carefully read and reviewed the content of, and completed, the 2023 Ethics Training for Employees of the CTA. 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 CTA employment/appointment, administrative fines, and possible criminal prosecution, depending on the nature of the violation.

Employee Signature

2023 Harassment Discrimination & Prevention Training for Employees of the CTA

I certify that I have carefully read and reviewed the content of, and completed, the 2023 Harassment Discrimination & Prevention Training for Employees of the CTA. 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 CTA employment/appointment, administrative fines, and possible criminal prosecution, depending on the nature of the violation.

Employee Signature

(To be properly credited for participating in these trainings, please submit this form as directed by your employer.)