

## **NOTICE OF EXCEPTION TO ELIGIBLE USERS LIST**

(City of Chicago Employee Ethics Training)

Name of Department: \_\_\_\_\_ Unit #: \_\_\_\_\_

Name of Administrator: \_\_\_\_\_

Please be advised that the following employee(s) are excepted from the program's list of eligible users and not required to complete the training program for the reason stated (e.g., intern, part-time employee, left City service, administrative leave, disability leave, leave of absence):

Name of Employee	Employee #	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **Certification**

To the best of my knowledge, information and belief, I certify the foregoing to be true and accurate.

\_\_\_\_\_ Signature of Administrator

\_\_\_\_\_ Signature of Unit Commander

\_\_\_\_\_ Date Submitted

Send this report to the Inspection Division, Unit 126, Attn: Ethics  
Administrator, Fax: (312) 745-6871