Spring Branch ISD 101920

FISCAL MANAGEMENT GOALS AND OBJECTIVES FINANCIAL ETHICS

CAA (EXHIBIT)

The following exhibits are used by the District:

- Exhibit A: Acknowledgement for Employee 1 page
- Exhibit B: Acknowledgement for Vendor 1 page

Spring Branch ISD 101920

FISCAL MANAGEMENT GOALS AND OBJECTIVES FINANCIAL ETHICS

CAA (EXHIBIT)

EXHIBIT A

ACKNOWLEDGEMENT FOR EMPLOYEE

Questions or Clarifications Related to This Policy

All questions or other clarifications of this policy and its related responsibilities should be addressed to the Superintendent or designee, who shall be responsible for the administration, revision, interpretation, and application of this policy.

Approval

Superintendent _____

Date _____

Acknowledgement

My signature signifies that I have read this policy and that I understand my responsibilities related to the prevention, detection and reporting of suspected misconduct and dishonesty.

I further acknowledge that I am not aware of any activity that would require disclosure under this or other existing District policy or procedure statement.

I understand that violation of any District policies, administrative regulations, or guidelines may result in disciplinary action, up to and including termination of employment.

Signature

Print Name

Campus/Department

Date Signed _____

Spring Branch ISD 101920

FISCAL MANAGEMENT GOALS AND OBJECTIVES FINANCIAL ETHICS

CAA (EXHIBIT)

EXHIBIT B

ACKNOWLEDGEMENT FOR VENDOR

Questions or Clarifications Related to This Policy

All questions or other clarifications of this policy and its related responsibilities should be addressed to the Superintendent or designee, who shall be responsible for the administration, revision, interpretation, and application of this policy.

Approval

Superintendent _____

Date _____

Acknowledgement

Your company and employees are key contributors to the success of our District. As such, your honest and open communications are critical to maintaining quality standards. As a vendor, you are in a position to observe not only questionable or unethical behavior by our employees, but also see others in the performance of business with us.

My signature signifies that I have read this policy and that I understand my responsibilities related to the prevention, detection, and reporting of suspected misconduct and dishonesty.

I further acknowledge that I am not aware of any activity that would require disclosure under this or other existing District policy or procedure statement.

Signature _____
Print Name _____
Vendor Name _____
Address _____
Date Signed