

Fiscal Year:

Code of Ethics Policy Acknowledgement

This is to acknowledge that I have been provided with a copy of the Wilkes University Code of Ethics Policy. I attest that I have read and understand said policy and agree to comply with all stated principles and responsibilities.

Employee Signature

Date

Employee Confidentiality Agreement

As a Wilkes University employee, I understand that as part of my job responsibilities, I may have access to confidential, financial, proprietary, or personal information regarding faculty, employees, students, applicants, parents, alumni, vendors, suppliers and the University in general.

I hereby affirm that I will not in any way access, use, remove, disclose, copy, release, sell, loan, alter or destroy any confidential information except as required within the scope of my official University job responsibilities. As an employee, I must comply with applicable state and federal laws and University policies. I will protect the security of all confidential information.

I understand that I am responsible for my misuse or unauthorized disclosure of confidential information, including the failure to safeguard my passwords or devices. My obligations under this Agreement are effective as of this day and will continue after my employment with Wilkes University ends. I acknowledge that I have received, read, and understand the Confidentiality Policy. I am aware that any violation of the Confidentiality policy will result in discipline, up to and including termination of employment and legal action according to the appropriate local, state and federal laws.

Employee Signature

Date

Conflict of Interest Policy Acknowledgment

I have read and familiarized myself with the Conflict of Interest Policy. I certify that I am not, and have no affiliation with, an existing or anticipated conflict of interest.


