

COMPLIANCE AWARENESS TRAINING

ASSESSMENT ANSWER SHEET

Date:	Please PRINT Name (Last Name, First):	Employee No.:	Department Name:	Pay Location:
		Dept. No.:	Work Area:	Phone No.:

Instructions: Please circle the best answer.

- 1 a b
- 2 a b
- 3 a b c d
- 4 a b c d e
- 5 a b
- 6 a b c d
- 7 a b
- 8 a b c d e
- 9 a b c d
- 10 a b
- 11 a b
- 12 a b
- 13 a b
- 14 a b c d
- 15 a b

YOU ARE DONE!

Please turn in this Assessment Answer Sheet and your signed Code of Conduct Acknowledgement to your supervisor/manager.