

NOTICE OF EXCEPTION TO ELIGIBLE USERS LIST
(City of Chicago Employee Ethics Training: Year _____)

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).

NOTE: Employees who are on vacation/furlough are NOT exceptions to the training.

Name of Employee	Employee ID#	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 Training and Support Group, Unit 124, Attention: Ethics Administrator.