



**HR-002-023 Conduct Standards Policy  
Acknowledgement Form**

I, \_\_\_\_\_ have read the HR-002-023 Conduct Standards Policy and fully understand that as a part of my employment with Broward Health, I must adhere to the conduct standards expectations. I understand that Broward Health promotes a work environment that expects all employees to adhere to the 5 star values of exceptional service to all, accountability for positive outcomes, fostering an innovative environment, collaborative organizational team, and valuing our employee and community family.

Print Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_