

**ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION
Code of Ethics
Annual Acknowledgement Statement**

My supervisor/manager and I have reviewed and discussed the *DFA-Code of Ethics*. I understand that my signature on this document indicates that I have read and fully understand the prohibited activities and my professional ethical conduct responsibilities as an employee of the Department of Finance and Administration as described in *DFA-Code of Ethics*.

_____ Employee Printed Name	_____ Signature	_____ Date
_____ Supervisor/Manager Printed Name	_____ Signature	_____ Date
_____ Division	_____ Section	_____ Unit

Note to Supervisor/Manager: *The review and discussion of DFA-Code of Ethics is an annual requirement. This signed document shall be submitted to DFA-Human Resources along with the employee’s annual performance evaluation.*