

Do What's Right and Prevention of Sexual Harassment Course Roster

By signing this form, it certifies the employee(s) listed on this form have completed the training requirements listed below.

	Employee Name Supervisors - please check box	Employee Signature	Job Title	Agency/Office	Completion Date
1	<input type="checkbox"/>				
2	<input type="checkbox"/>				
3	<input type="checkbox"/>				
4	<input type="checkbox"/>				
5	<input type="checkbox"/>				
6	<input type="checkbox"/>				
7	<input type="checkbox"/>				
8	<input type="checkbox"/>				
9	<input type="checkbox"/>				
10	<input type="checkbox"/>				

Training Requirements

Receive and read the following (these documents will be provided by the supervisor signing this form):

1. EEO Process Information
2. Prevention of Sexual Harassment Information
3. Department of the Interior Prevention and Elimination of Harassing Conduct, Personnel Bulletin 18-01 (PB 18-01)

Supervisor Name: _____ Supervisor Signature: _____ Date: _____
 Supervisor Phone Number: _____ Supervisor Supervisor Work
 Email: _____ Agency/
 Office: _____

Email course roster to your respective state EEO Manager and BLM_FA_EEO@blm.gov