

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	Employee Signature	Job Title	Agency/Office	Completion Date
1					
2					
3					
4					
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10					

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 _____ Work
 Email: _____ Supervisor _____ Agency/
 Office: _____

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