

## ***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)
4. No Fear Act Memo and EEO Diversity & Inclusion & No FEAR Act Supplemental Resource (located in Course Material Section)

Supervisor Name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Office: \_\_\_\_\_

Email course roster to your respective state EEO Manager and [BLM\\_FA\\_EEO@blm.gov](mailto:BLM_FA_EEO@blm.gov)