

Return signed form to Human Resources and Copy to Lab Manager

**CODE OF CONDUCT
COMPLIANCE AGREEMENT
(Version 1. June 1, 2013)**

I HAVE RECEIVED, READ AND UNDERSTOOD the Centre for Heart Lung Innovation Employee Code of Conduct.

I agree to abide by these policies as a term and condition of my employment / contract / association with the Centre for Heart Lung Innovation.

Name (Print)

Signature

Date

Witness (Supervisor) Name (Print)

Witness Signature

Date