EMPLOYEE ACKNOWLEDGMENT FORM

I acknowledge that I attended CombiMatrix’s employee sexual harassment online training program. I understand the behaviors that constitute sexual harassment and that sexual harassment is unlawful. I also understand that I may not commit sexual harassment in the workplace at any time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date