

POLICY

INTERNATIONAL ASSOCIATION OF WORKFORCE PROFESSIONALS, INC

Name:		Written By:
Annual Statement		Steve Bent, Executive Director
Initial Approval:	Revision Date:	Applies To:
01/07/19	NA	Board of Directors, Employees, Committees

The IAWP Standing Rules, Policies, and Procedures require that each director, officer, employee, and member of a committee with Board delegated powers, including all administrative and standing committees, annually sign a statement which affirms such person:

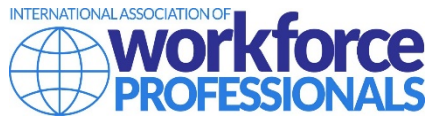
- Has received a copy of the IAWP Bylaws and Standing Rules, Policies, and Procedures as well as other applicable manuals and handbooks, and all applicable policies including, but not limited to: ethics, conflict of interest, and code of conduct;
- Has read and understands each document and policy; and
- Acknowledges compliance with the documents and policies.

In addition, those in positions listed above will complete an annual training provided by IAWP which covers, at minimum, an overview of legal and ethical responsibilities of those serving IAWP.

Submission of the signed annual statement and completion of the training are required prior to the first meeting of the board or committee in an administrative year.

The IAWP Administrative Office will make required documents and training available by June 1 each year.

IAWP POLICY: Annual Statement



ANNUAL STATEMENT

I have read and understand the International Association of Workforce Professionals (IAWP) Bylaws and Standing Rules, Policies and Procedures. In addition, I have read and understand the following policies:

- Code of Conduct
- Conflict of Interest
- Non Discrimination and Anti-Harassment
- Whistleblower
- Travel
- Document Retention
- Disclosure

I have read and understand the IAWP Conflict of Interest Policy and agree to comply fully with its terms and conditions at all times during my service as a member of the IAWP Board of Directors, an officer, volunteer, or a key employee of IAWP. If I become aware of any actual or potential conflicts of interest at any time following the submission of this form, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the IAWP Board of Directors or the Chief Executive Officer of IAWP in writing.

Disclosure of actual or potential conflicts of interest:

Do you receive compensation as an Officer, Director, committee member, task force member, or key employee of IAWP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other than reimbursement of reasonable expenses, have you received, or do you expect to receive more than \$10,000 per year from IAWP for services provided as an independent contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received, or do you expect to receive any material financial benefit from IAWP in addition or apart from the benefits described in the above inquiries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any family member receive compensation or material financial benefit from IAWP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a family relationship or business relationship with any current or former Officer, Director, or key employee of IAWP?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any of the above, please explain in a separate statement and attach with submission of this form.

By signing below, I agree to abide by the IAWP Bylaws and Standing Rules, Policies, and Procedures as well as all applicable policies.

Signature _____

Date _____

Print Name _____

Position _____