



















## HIAS Personnel PSEA Certification Form

I hereby affirm and acknowledge that I have received a copy of this PSEA Policy, and I fully understand all of the terms contained herein. I agree to comply with all terms of this policy and to report any potential or acts of violation of this policy or related policies and procedures. Reporting options include anonymous reporting through EthicsPoint ([www.hias.ethicspoint.com](http://www.hias.ethicspoint.com)) by email ([ethics@hias.org](mailto:ethics@hias.org)), by telephone (1-888-559-8518), or to a Safeguarding staff or focal point. I understand that it is my sole responsibility to ask any questions about this Policy, and I confirm that I have had the opportunity to do so.

I acknowledge and understand that my non-compliance with this Policy or my non-disclosure of a violation of this Policy of which I am fully aware, or my willful and intentional concealment of a violation of this Policy committed by myself or others, may result in disciplinary action, including the termination of my employment or other relationship with HIAS and the pursuit of legal action against me by HIAS.

I further understand that the foregoing may result in criminal or civil penalties and fines imposed by law, which HIAS reserves the right to pursue in its sole discretion.

I understand that this policy should be signed upon employment or relationship with HIAS and January 1 every year after.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Position or Affiliation with HIAS

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date