

Certificate of Participation

2022 Sexual Harassment Prevention Training



I certify that I have carefully read and reviewed the content of, and completed, the 2022 Sexual Harassment Prevention Training pursuant to the Illinois Human Rights Act, 775 ILCS 5/2-109.

Training Participant Information:

| | | |
|--|------------------------|-----------------------|
| _____ | _____ | _____ |
| (Printed Name - First, Middle Initial, Last) | (Signature) | (Birth Month and Day) |
| _____ | _____ | |
| (Local Union #) | (Last 4 digits of SSN) | |

Training Date/Location:

| | | |
|------------------------------|-----------------|-----------------|
| _____ | _____ | _____ |
| ILCJATP | | ONLINE |
| (Company Name/Work Location) | (Training Date) | Training Method |