

## **Employee Acknowledgment**

I acknowledge that, on this date, I received a form notifying me of my legal rights under the New Jersey Conscientious Employee Protection Act (“Whistleblower Act”) and of prohibitions against my employer retaliating against me, were I to engage in protected activities under the Whistleblower Act.

I further acknowledge that I received both an English language version of the form and a Spanish language version of the form.

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**Employee Name (Print)**

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**Date**

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**Employee Signature**