

# **CONFLICT OF INTEREST LAW**

## **Acknowledgement of Receipt**

By signing below, I \_\_\_\_\_, hereby acknowledge that I have  
(Please Print Name)  
received a copy of the summary of conflict of interest law for municipal employees.

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Return To:

Cambridge Public Schools  
Office of Human Resources