

Certificate of Participation

2021 IL Sexual Harassment Prevention Training

I certify that I have carefully read and reviewed the content of, and completed, the 2021 Sexual Harassment Prevention Training pursuant to the Illinois Human Rights Act, 775 ILCS 5/2-109.

Training Participant Information:

(Print First, Middle, and Last Name)

(Signature)

(Print Birth Month and Day)

Training Date/Location:

MetriTech, Inc./Working from home
(Company/Location)

(Print Training Date)

Individual reading and review of PDF training presentation provided by MetriTech
(Training Method)