Date: …………………………………………

**Statement on reading the content of the Procedure for the notification of infringements and the protection of whistleblowers at the Medical University of Bialystok**

employees Medical University employed in:   
(name of the MUB organizational unit):

I declare that I have read the content of the **Procedure for the notification of infringements and the protection of whistleblowers at the Medical University of Bialystok** (introduced by the Rector's Order no. 47/2022 of 1.06.2022)

Signature of the Head of the organizational unit of the MUB:

Signatures of employees:

|  |  |
| --- | --- |
| Name and surname of the MUB employee | signature |
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