POLICY ACKNOWLEDGMENT FORM

Form ID

Date

Employee / User Name

Department / Location

Policy Title / Reference

Policy Link (if online)

Acknowledgment Statement

I hereby acknowledge that I have received, reviewed, and fully understood the policies, procedures, and guidelines applicable to my role and responsibilities. I agree to adhere to all requirements, rules, and standards outlined therein, and understand that failure to comply with these policies may result in disciplinary action, up to and including termination or other legal remedies as applicable. I further acknowledge that it is my responsibility to seek clarification from my supervisor or the appropriate department should I have any questions regarding the interpretation or application of these policies.

Employee / User Signature

Supervisor / Manager Signature

Notes / Comments