ANNUAL POLICY REVIEW
EMPLOYEE ACKNOWLEDGEMENT

Name of Policy	Reviewed √	Understood √	Comment if further explanation is required
Code of Conduct/ Confidentiality			
Emergency Evacuation Plan			
Fire Safety Plan			
Internet, Email & Social Media			
Offense Declaration			**Note**: signature required on the Offense Declaration Form
Whistleblower			
Workplace Harassment & Violence			

Further explanation of the above policies has been reviewed. ☐ Yes ☐ No
Further review and explanation of policies was received on _____
Insert date

My signature below indicates that; ☐ I have reviewed the policies

☐ I understand the policies and content

☐ I agree to follow the policies

Employee Name Print: _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____