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# Policy Acknowledgment Form Example

## Employee/Contractor Information

- Full Name: \_\_\_\_\_
- Employee/Contractor ID: \_\_\_\_\_
- Position/Role: \_\_\_\_\_
- Department: \_\_\_\_\_
- Date: \_\_\_\_\_

## Policy Acknowledgment

I, **[Employee/Contractor's Name]**, acknowledge that I have received, read, and understood the company's policies outlined in the **[Policy Name]**. I agree to comply with these policies and understand that failure to adhere may lead to disciplinary action, up to and including termination of employment or contract.

I understand that these policies may be updated as required, and I will be informed of any changes. By signing below, I confirm my acceptance of these policies and agree to abide by the standards set forth.

## Employee/Contractor Signature

- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

## Manager/HR Representative (if required)

- Name: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_