

# EMPLOYEE SOP ACKNOWLEDGMENT FORM

I, \_\_\_\_\_, acknowledge that I have received, read, and understood the Standard Operating Procedures (SOPs) relevant to my role within the organization. I am aware that these procedures guide the performance of my duties and responsibilities.

## Employee Information:

Full Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

## Acknowledgment:

- I confirm that I have read and understood the SOPs provided.
- I agree to comply with all SOPs as part of my employment obligations.
- I understand that failure to adhere may lead to disciplinary actions.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_