Policy Acknowledgment

Prepared with Signathing. Roles: Employee or Team Member, Organization.

1. Organization and policy

Organization name: _____

Policy or handbook title: _____

Version or date of the policy: _____

Where the full text can be read (link or location): _____

This acknowledgment covers the policy named above, in the version stated. The full text is available at the link or location above and is the document that governs; this page is the record that the person signing was given it.

2. What is being acknowledged

By signing, I acknowledge that: I received the policy named above and had the chance to read it; I understand that it applies to me in my work or participation with the Organization; I agree to follow it; I know whom to ask if I have a question about it; and I understand that the Organization may update the policy from time to time and will give notice of changes, after which the updated version applies.

I also understand that this acknowledgment is not a contract of employment or engagement for any fixed term, does not promise any particular position, pay or benefit, and does not change the basis on which I work with the Organization. Where my work is at will under the law that applies, it remains at will, and nothing in the policy or this acknowledgment changes that.

3. Questions

Person or role to ask about this policy: _____

Questions about what the policy means or how it applies to a situation go to the person or role named above. Asking a question does not change the policy; only a written update from the Organization does.

4. Training

Training completed (date and topic), if any: _____

For a safety policy, a signed acknowledgment records that the person was told. That matters in an incident review, where the first question is often whether the rule was communicated. It does not replace training. A policy that requires hands-on instruction, a demonstration or a test should have that training recorded on the line above or in a separate training record.

5. Person signing

Printed name: _____

Job title or role: _____

Department or start date (optional): _____

Each person signs their own copy. When this form is sent to a list, every recipient gets a separate document with their own signature, date and certificate, and the Organization keeps each one with that person's records.

- [ ] I received and read the policy named above
- [ ] I understand I am expected to follow it

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Signatures

Employee or Team Member

Signature	Date	Printed name

Organization

Signature	Date	Printed name

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