

Employee Social Media Confidentiality Policy Form

Company Name: _____

Policy Acknowledgement

I acknowledge that I have read and understood the Company's Social Media Confidentiality Policy. I agree to comply with all guidelines regarding privacy, confidentiality, and the proper use of social media as an employee of the company.

I understand that confidential company information—including but not limited to client data, internal communications, and intellectual property—must not be shared on any social media platforms without prior written authorization.

I am aware that failure to comply with this policy may result in disciplinary action, up to and including termination of employment.

Employee Information

Name

Employee ID

Department

Email

Employee Signature

Signature

Date

Please complete and return this form to your supervisor or the Human Resources department.