

# Corporate Social Networking Policy Form

## Employee Details

Full Name

Email Address

Department

## Use of Social Networking

- ☐ Facebook
- ☐ Twitter/X
- ☐ LinkedIn
- ☐ Instagram
- ☐ Other (specify below)

If Other, please specify

## Agreement

By signing this form, I acknowledge that I have read and understood the company's Social Networking Policy, and I agree to comply with the terms and conditions outlined.

Comments or questions (optional)

Signature

Date

YYYY-MM-DD

