

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

