

Employee Statement of Responsibility Form

Employee Name

Employee ID

Department

Position/Title

I acknowledge and understand my responsibilities as an employee of this organization. I agree to carry out my duties in accordance with the policies, procedures, and standards set forth by the organization. I further affirm that I will uphold the confidentiality of any sensitive information and will immediately report any concerns, breaches, or violations to the appropriate authority.

By signing below, I confirm that I have read and understood all requirements as described above.

Employee Signature

Date

Supervisor/Manager (if applicable)

Remarks (Optional)