

Workplace Responsibility Acknowledgment Form

I acknowledge that I have read, understood, and agree to abide by the workplace responsibilities, policies, and procedures as outlined by the organization. I understand that it is my responsibility to comply with all applicable workplace standards and conduct myself accordingly.

Employee Information

Full Name

Employee ID (if applicable)

Department

Position/Title

Acknowledgment

Additional Comments (optional)

Employee Signature

Supervisor Signature

Date

Date