Policy Acknowledgement Form

Employee Policy Review Confirmation

Template Version 1.0 | June 2026

Important

Please read each policy carefully before signing this acknowledgement. If you have any questions about the content or how a policy applies to you, speak with your manager or HR before signing.

Section 1: Employee Details

Full Name *

Employee ID

Position / Job Title *

Department / Team *

Manager / Supervisor Name

Date *

Section 2: Policies Being Acknowledged

Please tick each policy you have read and understood:

- [ ] Code of Conduct
- [ ] Workplace Health and Safety Policy
- [ ] Anti-Discrimination and Equal Opportunity Policy
- [ ] Harassment and Bullying Prevention Policy
- [ ] Social Media Policy
- [ ] IT and Acceptable Use Policy
- [ ] Privacy and Confidentiality Policy
- [ ] Leave Policy
- [ ] Performance Management Policy
- [ ] Disciplinary and Misconduct Policy
- [ ] Grievance and Complaints Policy
- [ ] Drug and Alcohol Policy

- [ ] Dress Code Policy
- [ ] Conflict of Interest Policy
- [ ] Data Protection Policy
- [ ] Other policy (specify below)

Other policy name:

Section 3: New or Updated Policies

Is this acknowledgement for:

- [ ] Initial employment - all policies
- [ ] New policy introduced
- [ ] Updated/revised policy
- [ ] Annual policy review and re-acknowledgement
- [ ] Return from extended leave - policy refresh

If updated policy, version number / effective date:

Section 4: Policy Access

I confirm that I have:

- [ ] Been provided with a copy of the policy/policies
- [ ] Been shown where to access policies (intranet, shared drive, etc.)
- [ ] Had the opportunity to read the policy/policies in full
- [ ] Had the opportunity to ask questions about the policy/policies

Where policies can be accessed:

Section 5: Related Training (if applicable)

Have you completed any training related to these policies?

- [ ] Yes - training completed
- [ ] Training scheduled
- [ ] No training required
- [ ] Training not yet scheduled

Training completed (name and date):

Section 6: Questions or Clarifications

Do you have any questions about the policies you are acknowledging?

- [ ] No - I understand all policies
- [ ] Yes - questions noted below

Questions or areas requiring clarification:

Questions addressed by (name and date):

Section 7: Employee Acknowledgement

By signing below, I acknowledge that:

- I have received, read, and understood the workplace policies listed above.
- I have had the opportunity to ask questions and receive clarification.
- I understand that these policies form part of my employment conditions.
- I agree to comply with these policies in the course of my employment.
- I understand that failure to comply with policies may result in disciplinary action, up to and including termination of employment.
- I understand that policies may be updated from time to time and I will be notified of significant changes.
- I understand that ignorance of policy content is not a defence against breach.

Employee Signature: _____ Date: _____

Section 8: Witness / Manager Confirmation

I confirm that I have:

- [ ] Provided the employee with access to the relevant policies
- [ ] Given the employee adequate time to review the policies
- [ ] Answered any questions the employee had
- [ ] Witnessed the employee sign this acknowledgement

Witness Name: _____

Position: _____

Signature: _____ Date: _____

Section 9: HR Record (Office Use)

Date Form Received

Processed By

- [ ] Copy filed in employee record
- [ ] Training record updated
- [ ] Acknowledgement logged in HR system

Reference Number

Disclaimer

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