Receipt and Acknowledgement

I have read and been informed about the content, requirements, and expectations listed in ABC Company’s (Company’s) Policies and Plans. I understand that I am responsible for complying with the requirements stated in the Policies and Plans and I agree to abide by them as consideration for my continued employment by Company. I understand that:

* Violation of the Policies and Plans may result in disciplinary action including, but not limited to, termination.
* Company's Policies and Plans are located and maintained on Company's network and I have access to such network and Policies and Plans. I further understand that it is my responsibility to periodically check the network for updates to Company's Policies and Plans.
* Company’s Policies, Plans, and descriptions of security controls are confidential and may not be distributed in any way nor discussed with anyone who is not a Staff member of Company.
* If any of the provisions of Company’s Policies and Plans are found null, void, or inoperative for any reason, the remaining Policies and Plans will remain in full force and effect.

If I am uncertain about any Policy or Plan, I will check with my immediate supervisor or Company management.

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Employee Signature Date

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Employee Name (Printed)