

# Non-Disclosure Policy Acknowledgement Form

Employee Name

Department

I acknowledge that I have read, understand, and agree to adhere to the company's Non-Disclosure Policy. I understand the importance of maintaining the confidentiality of company information and agree not to disclose or use any confidential information except as authorized by the company. I understand that violation of this policy may result in disciplinary action, up to and including termination of employment.

Signature

Date