

Employee General Liability Declaration

Employee Information

Employee Name _____

Employee ID / No. _____

Position / Department _____

Date of Joining _____

Declaration

I, the undersigned employee, hereby acknowledge and accept responsibility for my general conduct and actions during the period of my employment with the Company. I understand that I am expected to abide by all applicable company policies, regulations, and legal requirements regarding workplace conduct and liability.

I further acknowledge that any damages or liabilities arising as a direct result of my negligence, misconduct, or non-compliance with the established standards may result in disciplinary action, including compensation for losses as determined by the Company and in accordance with local laws and contractual agreements.

Agreement

I confirm that I have read and understood the Employee General Liability policy as set forth by the Company. I agree to perform my duties with diligence and to immediately report any incidents that could lead to general liability claims.

By signing this declaration, I agree to the terms and obligations stated above.

Date: _____

Employee Signature _____

Date: _____

Authorized Representative _____

Important Notes

- This document serves as formal acknowledgment of the employee's general liability obligations during employment.
- It should be read alongside the company's employee handbook and policies.
- Both parties are advised to retain a signed copy of this declaration for their records.
- Any breach or dispute regarding the terms of this declaration may be subject to company disciplinary procedures and/or legal process.