

General Liability Acceptance Receipt

For Employees

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|----------------|-------|--------------|-------|
| Employee Name: | _____ | Employee ID: | _____ |
| Department: | _____ | Position: | _____ |
| Date Issued: | _____ | Receipt No.: | _____ |

Description of Liability

Item/Property/Responsibility:

Serial/Identification No.: _____

Value (if applicable): _____

Acknowledgment

I, the undersigned, hereby acknowledge receipt of the above stated item(s) or responsibility as part of my duties as an employee. I understand that I am responsible for the safekeeping and proper use of the company property or responsibility entrusted to me. I agree to return such item(s) or relieve myself of the stated responsibility upon the termination of my employment or as required by the company. I further acknowledge that I may be held liable for any loss or damage resulting from negligence, misuse, or failure to comply with company policies and procedures.

Employee Signature

Date: _____

Authorized Representative

Date: _____

- This receipt must be filled out and signed upon acceptance of any company property or responsibility.
- Ensure all details are correct and legible before signing.
- Keep a copy for your records; the original should remain with HR or Administration.
- Consult your supervisor or HR for any questions regarding your obligations or the use of company assets.
- Failure to comply with the terms of this receipt may result in disciplinary actions per company policy.