

Electronic Employee Accident Liability Acknowledgment

This document certifies that the undersigned employee has read, understood, and agrees to comply with the company's accident liability policies as outlined in the employee handbook and safety guidelines. The employee acknowledges their responsibilities and obligations with respect to reporting workplace accidents, following safety procedures, and cooperating with investigations as required.

Employee Name:

Employee ID:

Department:

Date of Acknowledgment:

Employee Accident Liability Policy Overview

1. The employee is required to immediately report any workplace accident, injury, or near-miss incident to their supervisor or HR, regardless of perceived severity.
2. The employee shall comply with all applicable safety protocols and training provided by the company.
3. Failure to comply with the accident reporting process or safety policies may result in disciplinary action, up to and including termination of employment.
4. The company may require the employee to participate in accident investigations and provide accurate information.
5. This acknowledgment does not waive any legal rights or obligations under applicable workplace safety and labor laws.

Employee Signature

Supervisor/HR Signature

Important Notes

- This acknowledgment must be signed before or on the employee's start date or upon update of company policies.
- Electronic signatures are legally binding in accordance with local and federal laws.
- Keep a copy of this acknowledgment for your records.
- This form does not limit the employer's responsibility for workplace safety.
- Consult HR for any clarification or updates to this liability policy.