

# Standard Employee Accident Liability Acknowledgment Form

This document is to acknowledge that the undersigned employee fully understands the policies and conditions regarding accident liability in the course of employment with \_\_\_\_\_ (Company).

## Employee Information

Full Name:

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Department/Position:

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Date:

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## Accident Liability Policy Acknowledgment

I, the undersigned employee, have been informed of the following as it pertains to workplace accident liability:

1. I understand that I am required to report any workplace injury or accident immediately to my supervisor or the appropriate personnel.
2. I acknowledge that I have received information regarding the employer's accident liability policy and procedures for reporting and claim filing.
3. I accept responsibility for following all safety protocols to minimize the risk of workplace incidents.
4. I recognize that failure to comply with safety guidelines may result in disciplinary action and affect eligibility for benefits.

By signing below, I certify that I have read, understand, and agree to abide by the accident liability policies set forth by my employer.

## Signatures

Employee's Signature:

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Date:

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Supervisor/Manager Signature:

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Date:

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## Important Notes:

- This form serves as a formal acknowledgment of employee understanding of accident liability policies.
- Maintain a signed copy in the employee's personnel file for future reference.
- This document may be reviewed or updated to reflect changes in legal requirements or company policy.
- Completion of this form does not replace required medical reporting or accident investigation procedures.