

Partial Acceptance of Employer's Liability

Document Reference No.: _____

Employer: _____

Employee: _____

Employment Position: _____

Date of Incident/Claim: _____

Date of Issue: _____

This document serves as a formal notice regarding the partial acceptance of employer's liability for the incident/claim referenced above.

Details of Liability Accepted:

The Employer acknowledges partial responsibility for the incident/claim as follows:

- Nature/extent of liability being accepted: _____
- Specific expenses or damages covered: _____
- Portion or percentage of liability accepted: _____

All other claims, costs, losses, or damages beyond those expressly stated above are not admitted by the Employer and are expressly denied.

The Employer reserves all rights and defenses in relation to any other aspect of this claim/incident not explicitly accepted within this document.

Authorized Signatory (Employer)

Name: _____

Date: _____

Employee's Acknowledgement

Name: _____

Date: _____

Important Notes:

- This document is a formal acknowledgment of only partial liability by the employer.
- It is important to specify the scope, extent, and limits of liability being accepted.
- Any liability not clearly mentioned is not admitted by the employer.
- Employees should review the terms thoroughly before signing.
- Legal advice is recommended before accepting or issuing such documents.