

Departmental Policy Compliance Certificate

Department Name: _____

Policy Reference Number: _____

Date of Certification: ____ / ____ / ____

This certificate confirms that the above department has reviewed and complied with all applicable organizational policies as referenced and required by governing bodies.

The undersigned affirms that all employees in the department are aware of and adhere to the enforced policies. Documentation supporting compliance is maintained and available upon request.

Authorized Person's Name

Designation/Title

Signature

Date

Important Notes

- This certificate should only be signed by an authorized senior representative of the department.
- Maintain a copy of this document for your records and future audits.
- Supporting documentation may be required upon internal or external review.
- Ensure the policy reference number and all information are accurate before signing.
- Non-compliance or falsified certification can result in disciplinary action.