EMPLOYEE ACKNOWLEDGMENT: SUSPICIOUS ACTIVITY PROTOCOLS

Date: [Insert Date]

Employee Name: [Insert Name]

Employee ID: [Insert ID Number]

I hereby acknowledge that I have received, read, and understood the company's protocols regarding the identification and reporting of suspicious activity. I understand that maintaining a secure environment is a collective responsibility.

By signing this document, I agree to:

- Monitor my work area for any unauthorized persons or unusual behaviors.
- Follow the established chain of command when reporting potential security threats or suspicious items.
- Maintain the confidentiality of internal security procedures.
- Participate in mandatory security training sessions as required by the company.

I understand that failure to comply with these security protocols may result in disciplinary action, up to and including termination of employment.

_____
Employee Signature

_____
Date Signed

_____
Supervisor/HR Representative Signature