

Employee Information Security Agreement Form

Employee Details

Full Name

Employee ID

Department

Email Address

Agreement

I acknowledge that as an employee, I may have access to confidential and sensitive information. I understand and agree to comply with all information security policies and procedures of the company.

I agree to:

- Protect confidential, proprietary, and personal information.
- Use company information systems responsibly.
- Not disclose information to unauthorized individuals.
- Report any security incidents or breaches promptly.

I understand that violation of this agreement may result in disciplinary action, including possible termination of employment.

Employee Signature

Date