



HOUSE OF FABROSANZ

STAFF POLICY ACKNOWLEDGEMENT

HOUSE OF FABROSANZ

01 EMPLOYEE DETAILS

Full name

Department / role

02 POLICIES RECEIVED

☐ Joining the company

☐ Policy update

Handbook / policy title(s)

Version / issue date

Date received (DD/MM/YYYY)

03 EMPLOYEE ACKNOWLEDGEMENT

I confirm that:

I have received or can access the policies identified above and have read them,
or had them explained to me.

I understand the responsibilities that apply to my role and have had an opportunity
to ask questions and request clarification.

I know to approach my department supervisor for guidance and escalate concerns
to the Creative Director when needed.

I will follow the policies and review updates communicated to me.

Questions / clarification needed (write "None" if not applicable)

04 SIGNATURES

Employee signature / typed name

Date

Supervisor / representative name and signature

Date

Signing confirms receipt and understanding of the policies listed above.

This acknowledgement does not replace your employment contract or waive your rights.

Keep the signed form with the employee records. Provide the employee with a copy.