



STATEWIDE GROUP TRAINING (SA) INC

SOCIAL MEDIA POLICY ACKNOWLEDGEMENT

I _____ have had the Social Media Policy explained to
PRINT NAME

me, have read it and understand Statewide Group Training’s Social Media Policy and agree to follow the policy instructions therein.

Employee Name _____
PRINT NAME

Signed _____

Date _____

Witness Name _____
PRINT NAME

Signed _____

Date _____