



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 \_\_\_\_\_