

# Confirmation of Non-Compete Awareness

Date: [Insert Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

This letter serves to confirm your awareness of the non-compete agreement you signed on [insert date of agreement]. As outlined in the agreement, you are restricted from engaging in certain competitive activities for a specified period following your employment with [Company Name].

By signing below, you acknowledge that you understand the terms of the non-compete agreement and agree to abide by its provisions.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_