

Safe Driving Policy Sign-Up

Dear [Employee's Name],

We are committed to ensuring the safety of our employees while driving for work purposes. As part of our ongoing efforts to promote safe driving practices, we would like you to review and sign our Safe Driving Policy.

Safe Driving Policy Overview

The purpose of this policy is to:

- Enhance the safety of all employees while driving.
- Reduce the risk of accidents and injuries.
- Ensure compliance with traffic laws and regulations.

Please Review and Acknowledge

Attached to this letter is the Safe Driving Policy document. We ask that you carefully read through the policy and acknowledge your understanding and commitment to the guidelines outlined.

Sign-Up Confirmation

Please sign and return the acknowledgment form below by [Due Date].

Employee Signature

Thank you for your commitment to safe driving.

Sincerely,
[Your Name]
[Your Position]
[Company Name]