

EMPLOYEE CONFIDENTIALITY AGREEMENT

Effective date: [DATE]. Complete the bracketed fields and remove unused options before signing.

Employer: [FULL LEGAL NAME], [ADDRESS], [NOTICE EMAIL].

Employee: [FULL LEGAL NAME], [ADDRESS], [NOTICE EMAIL].

1. PROTECTED INFORMATION

Information covered: [BUSINESS, CUSTOMER, TECHNICAL OR OTHER CATEGORIES]. Information must be non-public and confidential by its nature or designation. Public information, independently developed knowledge, prior lawful knowledge and general skills or experience are excluded.

2. USE AND ACCESS

Use protected information only to perform authorized duties. Use approved storage and communication systems; do not transfer it to personal accounts without authorization. Share only with authorized people who need access and protect it. Report loss or unauthorized access promptly to [CONTACT].

3. PROTECTED ACTIVITIES

Nothing restricts lawful discussion of pay or working conditions, reporting suspected wrongdoing, obtaining confidential advice, or disclosures protected or required by law. Any mandatory notices concerning employee disclosures must be attached here: [REQUIRED NOTICE OR NOT APPLICABLE].

4. RETURN AND SURVIVAL

On departure or request, return employer records and equipment and delete unauthorized copies, while retaining records the employee is legally entitled to keep. Confidentiality lasts [PERIOD], with trade secrets protected while they qualify under applicable law. This agreement does not assign inventions or prohibit later employment.

5. RELATIONSHIP TO EMPLOYMENT TERMS

Existing employment agreement: [DATE / NONE]. In the event of conflict concerning confidentiality, [SPECIFIED DOCUMENT] controls, subject to mandatory rights. Consideration or other basis for entering this agreement: [DETAILS].

6. NOTICES AND CHANGES

Notices must be sent to the addresses above by [AGREED DELIVERY METHOD] and take effect on [AGREED RECEIPT RULE]. Each party must promptly notify the other of changed contact details. Changes to this agreement must be recorded in writing and accepted by all affected parties.

7. LAW AND DISPUTES

Governing law: [AGREED LAW]. Courts or other agreed dispute process: [FORUM AND PROCESS]. The parties will first try to resolve a dispute through their named contacts for [NUMBER] days, without preventing urgent relief or missing a legal deadline. Nothing in this agreement removes rights or requirements that cannot lawfully be excluded.

8. COMPLETE AGREEMENT

This document and its completed schedules record the agreement on this subject. If a term cannot be enforced, the remaining terms continue to the extent permitted. Each signatory confirms authority to sign for the named party. Counterparts and electronic signatures may be used where permitted; any additional signing formalities must still be completed.

SIGNATURES

Employer: [NAME]

Signature: _____ Date: _____

Signing capacity, if applicable: [TITLE / CAPACITY]

Employee: [NAME]

Signature: _____ Date: _____

Signing capacity, if applicable: [TITLE / CAPACITY]