**Multi-Factor Authentication (MFA) Policy**

**Effective Date: [Date]**

**1. Purpose**

The purpose of this Multi-Factor Authentication (MFA) Policy is to enhance the security of [Company Name]'s information systems by requiring the use of multi-factor authentication for accessing sensitive data and systems.

**2. Scope**

This policy applies to all employees, contractors, and third-party users who have access to [Company Name]'s information systems.

**3. MFA Implementation**

a. Employees are required to enable MFA on all systems and applications where it is available and instructed by the management.

b. The IT department/Management will provide instructions and support for the setup and configuration of MFA.

**4. MFA Methods**

a. [Company Name] supports various MFA methods, including but not limited to:

SMS or email verification codes

Time-based One-Time Passwords (TOTP)

Biometric authentication (fingerprint, face recognition)

b. Employees are encouraged to choose a combination of MFA methods for added security.

**5. Responsibilities**

a. It is the responsibility of each employee to enable and maintain MFA on their accounts.

b. Notify the IT department/Management immediately if there are issues with MFA or if a device needs to be removed from the MFA configuration.

**6. Exceptions**

a. Exceptions to the MFA requirement may be considered on a case-by-case basis, with approval from the IT department and management.

**7. Training and Support**

a. Training sessions will be organized to educate employees on the importance of MFA and guide them through the set-up process.

b. The IT support team/Management is available to provide assistance with MFA setup and troubleshooting.

**8. Compliance and Consequences**

 a. Non-compliance with this policy may result in disciplinary actions, as outlined in the company's IT security policy.

b. Regular audits may be conducted to ensure adherence to the MFA policy.

**9. Acknowledgment**

By signing below, I acknowledge that I have read, understood, and agree to comply with [Company Name]'s Multi-Factor Authentication Policy. I understand the importance of using MFA to protect the company's information systems and sensitive data.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

[Company Name]

[Your Company Address]

[Contact Information]