Acknowledgement of the County Computer and Internet Use Policy

(This form is used to acknowledge receipt of and compliance with the County’s Computer and Internet Use Policy.)

By signing below, I agree to the following terms:

(a) I have received and read a copy of the County’s Computer and Internet Use Policy and understand and agree to the same. I have been made aware of the Alabama Computer Crime Act that is codified in ALA. CODE Section 13A-8-100, et, seq., as amended.

(b) I consent to the County’s monitoring my e-mail and access to the internet in accordance with the policy.

(c) I understand and agree that any software and hardware devices provided to me by the County remain the property of the County.

(d) I understand and agree that since the software and hardware are the property of the County, the County has the right to access and monitor the computer, software and inspect any files thereon.

(e) I understand and agree that I am not to modify, alter, or upgrade any software programs or hardware devices provided to me by the organization without the permission of the information technology department.

(f) I understand and agree that I shall not access computers, programs, or files if I do not have authorization to do so.

(g) I understand and agree that I shall not copy, duplicate (except for backup purposes as part of my job), or allow anyone else to copy or duplicate any software.

(h) I understand and agree that if I leave the County for any reason, I shall immediately return to the County the original and copies of any and all software or computer equipment that I may have received from the County that is either in my possession or otherwise directly or indirectly under my control.

(i) I understand and agree I must make reasonable efforts to protect all County-provided software and hardware devices from theft and physical damage.

________________________  __________________________
Employee Signature       Date

________________________
Employee Printed Name

________________________  __________________________
Supervisor Signature      Date

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Supervisor’s Printed Name

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Department Head’s Signature     Date

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Department Head’s Printed Name