

Employee Appropriate Use Agreement

I have read and I understand the terms of the St. Clair County Intervention Academy's Administrative Regulation on the use of Academy's technology resources. I understand that as a condition of my using these resources and/or obtaining a password, I must abide by the law and the Academy's rules and regulations for access and that the failure to do so may result in me losing my privilege to use the Academy's technology resources, other disciplinary action and/or criminal or civil legal sanctions.

I hereby agree to fully comply with the law and the Academy's rules and regulations which apply to my use of the Academy's technology resources. I further understand and agree that the Academy is not responsible for my violations or misuse.

Signature: _____

Date: _____

Name (please print) _____