

ELECTRONIC RESOURCES ACCEPTABLE USE POLICY
ACCEPTANCE OF POLICY STATEMENT

I understand and will abide by all of the above policy procedures. I understand that violating any part of the policy procedures may in-fact be grounds for the loss of network/systems access and/or disciplinary action up to and including termination of County employment.

I acknowledge that I have received a copy of the Electronic Resource Acceptable Use Policy of GLOUCESTER COUNTY, and have read and understand this policy in its entirety. I further acknowledge that I will adhere to their guidelines.

NAME (Please print): _____

DEPARTMENT: _____

OFFICE/WORK PHONE NUMBER: _____

TITLE: _____

DATE: _____

SIGNATURE: _____

(Please sign and return this page to the Human Resources Department upon receipt)