

EMPLOYEE TECHNOLOGY AGREEMENT

I have read and agree to abide by the school district's technology use policies, regulations and procedures. I understand that a violation of these provisions may result in disciplinary action against me, including but not limited to suspension or revocation of my access to district technology and termination.

I understand that the school district may monitor my use of district technology Pursuant to state and federal law, I consent to district interception of or access to all communications I send, receive or store using the district's technology resources.

I understand I am responsible for any unauthorized costs arising from my use of the district's technology resources. I understand that I am responsible for any damages I cause through misuse of the district's technology resources.

Signature of Employee Date

Employee Name: _____
(Please Print)

Home Address: _____

Home phone number: _____