Medina County
Human Resouces

COMPUTER & NETWORK USAGE

ACKNOWLEDGMENT FORM

I acknowledge that I have received, read and understand Medina County's Computer and Network Usage Policy. I represent and agree that I will abide by Medina County's Computer and Network Usage Policy.

I further understand and agree that this Acknowledgment will be placed in my personnel file in Human Resources and will become a permanent part thereof.

I further release the Board, management, and contracted providers from any and all claims of any nature arising from the use of network resources.

_____ _____

Employee Signature Date

_____
Print Employee Name

To be completed by Human Resources

_____ _____
H.R. Representative Date

_____ _____
Employee's Department Hire Date

_____ _____
Position Position Control #