



ACCEPTABLE USE OF TECHNOLOGY
EMPLOYEE'S AGREEMENT

I have read, understand and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Regulation. Should I commit any violation of the use of technology or in any way misuse my access to Suffolk Public Schools computer network and the Internet, I understand and agree that my access privilege may be revoked and disciplinary action may be taken against me. I also agree to indemnify and hold harmless the School, the School District and the Internet provider against all claims, damages, losses and costs, of whatever kind, that may result from my misuse of or access to such networks or my violation of the foregoing Regulation.

Suffolk Public Schools Personnel

Employee Name _____(print)

Employee Signature _____

Date _____

Non Suffolk Public Schools Personnel

Non-employee Name _____ (print)

Prior NE Number _____ Applies to staff that had an account with SPS previously.

Employee Signature _____

Term of Account: Start Date _____ End Date _____

Relation with Suffolk Public Schools _____

Administrator Approval _____