

**Todd County Schools – Acceptable Use Policy for Staff
2015-2016 School Year**

I have read the Acceptable Use Policy and agree to follow the conditions outlined in this policy. I understand that I am responsible for my own personal behavior when using the Todd County Schools electronic resources, including but not limited to the wide area network, email and the Internet. I further realize that I am responsible for reasonable supervision of student's use of network or Internet access. I acknowledge that non-compliance with terms of agreement or engaging in criminal activity via the network may result in disciplinary or criminal action

Employee Name: (please print) _____

Signature: _____ Date: _____

School: _____

In accordance with state reporting we have been asked to gather the following information.

Do you have a computer at home? Yes _____ No _____ If yes what kind? _____

How old is the computer? _____

Do you have Internet access? Yes _____ No _____

If yes do you have DSL, Cable, Satellite or Dial up? _____

Equal Opportunity/Affirmative Action Employer Offering Equal Education Opportunities

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