



## Canton City Health Department Information Technology User Agreement

As a Canton City Health Department (CCHD) employee, contractor, or other CCHD user of IT resources, I acknowledge that I have read and understand the Information and Technology Policy (800-005-P). I further understand and acknowledge that it is my responsibility for obeying all local, state, and federal laws, including those governing copyright and intellectual property, as well as this policy and any applicable State, Department or Division policies.

I agree to abide by these policies and procedures and acknowledge that when an instance of non-compliance is suspected or discovered, proper corrective or disciplinary action may be taken, up to and including termination pursuant to policy 800-006-P Discipline Policy. Criminal or civil action may be initiated where appropriate. I also understand that when using IT resources, I have no expectation of privacy and, if required, management may monitor or investigate my usage, including, but not limited to, e-mail and voice mail messages created, stored, sent or received, and Internet sites visited.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_