



Division of Human Resources

**STAFF NETWORK AND INTERNET
ACCEPTABLE USE AND SAFETY POLICY**

My signature below indicates that I have received a copy of Alachua County Public School Board Policies 7540.04, 3213.01, and 4213.01. I am aware of my professional responsibilities regarding the use of district computer equipment, networks, and internet access.

Print Name

Signature

Social Security Number

Date Signed

Job Title

Work Location