



West Ada School District
1303 E. Central Dr.
Meridian, Idaho 83642
(208) 855-4500

E-MAIL, NETWORK, COMPUTERS, and ELECTRONIC COMMUNICATIONS ACKNOWLEDGEMENT FORM

PLEASE USE BLACK INK ONLY. UPPER CASE LETTERS ARE REQUIRED IN TEXT BOXES.

FIRST NAME										MI	EMPLOYEE ID NUMBER									
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LAST NAME																				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

As an employee of West Ada School District**, I, _____, recognize and understand that the District's e-mail/communication/network systems are to be used for conducting District business. I understand that use of this equipment for private purposes shall be kept to a minimum and shall conform to Federal, State, and District policy. Further, I agree not to use a password that has not been disclosed to the District. I agree not to access a file or retrieve any stored communication except where authorized or where there has been prior clearance by an authorized District representative.

I am aware that the District reserves and will exercise the right to review, audit, intercept, access and disclose all matters on the District's e-mail systems at any time, with or without employee notice, and that such access may occur during or after working hours. I am aware that use of a District-provided password or code does not restrict the District's right to access electronic communications. I am aware that violations of this policy shall subject me to disciplinary action, up to and including discharge from employment.

I certify that I have read and understand the District's policy 1001.30 regarding networks, computers, and electronic systems located in the District.

I certify that I have read and understand the District's policy 1001.40 regarding email and electronic communication located in the District .

I certify that I have read and understand this notice.

SIGNATURE

DATE SIGNED

** Including Student Teachers