

401.20E1 Employee Acceptance Form

**Employee Internet / District Network Use Agreement Acceptance Form
Washington Community School District**

I certify that I have read, understand, and will abide by the Washington Community School District's Internet / District Network Appropriate Use Policy and state/federal law. I accept full responsibility for any financial obligations that are a result of my use of these services. I further understand that any violation of the regulations in the named policy may result in revocation of these privileges, discipline up to and including termination, and/or possible legal action.

Employee Name: _____

Building: _____

Signature: _____

Date: _____

This policy is located on the Washington Community School District's website at <http://www.washington.k12.ia.us/>, in the office at each building, and at the Central Administration Building.