

**USER CERTIFICATION OF NOTIFICATION AND AGREEMENT OF COMPUTER
USE POLICY**

I certify that I am an employee, volunteer, guest, vendor or contractor working for or on behalf of the Department of Health and Human Services and that I have read this “Acceptable Use Policy” and understand my obligations as described herein. I understand that this policy was approved by the Secretary of the Department of Health and Human Services and these obligations are not specific to any individual Division or Office of the Department, but are applicable to all employees, volunteers, and contractors of the Department. I understand that failure to observe and abide by these obligations may result in disciplinary action, which may include dismissal and/or contract termination. I also understand that in some cases, failure to observe and abide by these obligations may result in criminal or other legal actions. Furthermore, I have been informed that the Department will retain this signed Agreement on file for future reference. A copy of this Agreement shall be maintained in the personnel file and/or in the contract administration file.

Print Name

Date

Employee, Volunteer, Guest, Vendor or Contractor Signature

Date

Supervisor’s Signature