

DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

Internet/Electronic Communication Policy Employee Acknowledgement Form

I have read and understand the Department of Fair Employment and Housing's policy regarding the Internet/electronic communications transmitted or received over the Department's computerized electronic systems.

1. I understand that the Department's Internet/electronic communications systems are intended for the purpose of conducting official State business *only*.
2. I hereby acknowledge the Department's ability to monitor any information stored in the Department's Internet/electronic communication systems that I may author, receive, or transmit.
3. I understand that even though I may be issued passwords or special log-on procedures, all of my Internet and/or stored electronic communications can be accessed by the Department's representatives. I understand, therefore, that passwords and log-on procedures do not guarantee the privacy of my electronic communications stored in the Department's electronic communication systems.
4. I further understand that the use of deletion procedures such as keystrokes or numeric pad does not mean that a document or message has been eliminated from the system and may remain accessible to Departmental monitors.
5. I further understand that I have no proprietary interest in or to the information stored in the Department's Internet/electronic communication systems and that I have no reasonable expectation of privacy in said information.
6. I hereby acknowledge that the Department's authorized monitors will have access to the information stored in the Department's Internet/electronic communication systems which I may author, receive, or transmit at any time, with or without my permission or notification.

7. Finally, I understand that Internet/electronic transmissions that I cause to be transmitted or received that are judged offensive, harassing, or threatening in tone or content or any other violation of policy could result in adverse action up to and including termination.

(Signature)

(Date)

(Print Name)