

Acceptable Use of District Technology

In order to receive access to district technology, this Acceptable Use Policy (AUP) form must first be completed, signed and the original forwarded to the Human Resources Department.

Port Townsend School District Technology Access			
Date (print)	First Name	Last Name	Site-Department
My signature below indicates that I have read and understand the Port Townsend School District (PTSD) Technology Policy 5225 and Procedure 5225P, and that I agree to the conditions of this policy.			
<hr/> Employee signature (required)			

My initials below and signature above indicates the following:

Statement	Initials
I have reviewed a copy of the PTSD Policy and Procedure 5225	
I have read and understand all aspects of Policy and Procedure 5225	
I understand that all information stored on the district's computers, networks, and all other district technology is the sole property of PTSD.	
I understand that I have no expectations of privacy for my use of the school district's computers, networks, and all other district technology.	
I understand that any district business that is conducted on my personal Electronic Communication Device (ECD) or using personal email or personal social media accounts creates a public record regardless of who owns the ECD and whether the account is personal.	
I understand that the district discourages the conduct of district business using text messaging or personal email or personal social media accounts except in emergencies, safety-related matters, or to communicate routine, non-substantive time-sensitive matters.	

Date: 2/21/19.