

**ACKNOWLEDGEMENT OF RECEIPT OF THE
DEPARTMENT OF MENTAL HEALTH POLICY 556.01 ACCEPTABLE USE POLICY
FOR COUNTY INFORMATION TECHNOLOGY RESOURCES**

I acknowledge that I have received and read the Department of Mental Health's Policy No. 556.01, Acceptable Use Policy for County Information Technology Resources and the above agreement. I agree to abide by the provisions of the policy and the agreement. If I fail to comply with the policy and agreement, I will be subject to disciplinary action, up to and including discharge.

Name (print):	Employee No.:	Date:
Signature:	Job Title:	
Supervisor Name (print):	Supervisor Signature:	Date:

Distribution

Original: Employee Official Personnel Folder
Duplicate: Retain in Departmental Area File for Personnel: employees, contractors, students, volunteers and agency personnel.